



COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1953

INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE

RICHARDSONS & COPPIN, Ltd., Printers, GRIMSBY.



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GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1953)

His Worship the Mayor

COUNCILLOR G. H. ATKINSON, J.P.

Chairman

COUNCILLOR W. J. MOLSON

Deputy Chairman

COUNCILLOR T. DAWSON

Aldermen

J. H. FRANKLIN

F. G. GARDNER

W. HARRIS

C. W. HEWSON, J.P.

MRS. M. LARMOUR

J. C. B. OLSEN

C. H. WILKINSON, M.B.E., J.P.

W. H. WINDLEY

Councillors

F. H. BARKER

A. BRADLEY

W. R. BRUMBY

R. BRYANT

MRS. D. E. HUXFORD

C. W. JAKES, J.P.

A. E. KELHAM

M. LARMOUR

Miss J. B. B. McLAREN

E. W. MARSHALL

J. P. MURPHY

T. A. PARKER

T. W. SLEEMAN

T. F. SMITH

and the following Co-opted Members:—

DR. T. BARROWMAN

DR. J. COTTRELL, J.P.

MR. R. C. BELLAMY

MR. C. W. SPENDELOW

MRS. E. M. THOMPSON

MR. R. WOOD

SUB-COMMITTEES OF THE HEALTH COMMITTEE

FINANCE AND BUILDINGS:—

COUNCILLOR DAWSON (*Chairman*); COUNCILLOR SLEEMAN (*Deputy-Chairman*); ALDERMEN FRANKLIN, HARRIS AND OLSEN; COUNCILLORS BRADLEY, JAKES, MARSHALL, MOLSON AND PARKER.*Co-opted Members*:—MESSRS. W. BACON, R. C. BELLAMY, A. CUCKSON, F. C. NORTHCOLE AND C. W. SPENDELOW.

MATERNITY AND CHILD WELFARE:—

ALDERMAN MRS. LARMOUR (*Chairman*); COUNCILLOR DAWSON (*Deputy-Chairman*); ALDERMEN HARRIS, OLSEN AND WINDLEY; COUNCILLORS BARKER, BRYANT, MISS McLAREN, MOLSON AND SLEEMAN.*Co-opted Members*:—MESDAMES A. BLOOM, M. CRESSWELL, F. W. MORRIS AND L. NICHOLLS; DR. E. J. THOMSON.

MENTAL HEALTH:—

COUNCILLOR MOLSON (*Chairman*); ALDERMAN MRS. LARMOUR (*Deputy-Chairman*); ALDERMEN GARDNER AND WINDLEY; COUNCILLORS BRYANT, DAWSON, KELHAM, MURPHY, PARKER AND SMITH.*Co-opted Members*:—MESDAMES A. BLOOM, L. NICHOLLS, E. M. THOMPSON AND A. B. TURNER; DR. J. D. HORSBURGH.

PERSONAL HEALTH:—

ALDERMAN WILKINSON (*Chairman*); COUNCILLOR DAWSON (*Deputy-Chairman*); ALDERMAN HARRIS; COUNCILLORS BRYANT, JAKES, LARMOUR, KELHAM, MARSHALL, MISS McLAREN AND MOLSON. *Co-opted Members*:—MESDAMES A. B. TURNER AND J. A. WOOD; MESSRS. T. MUMBY, P. R. ROBINSON AND DR. T. BARROWMAN.

SANITARY:—

ALDERMAN GARDNER (*Chairman*); COUNCILLOR SLEEMAN (*Deputy-Chairman*); ALDERMEN HEWSON AND OLSEN; COUNCILLORS BRUMBY, DAWSON, MARSHALL, MOLSON, PARKER AND SMITH.*Co-opted Members*:—MESSRS. A. CUCKSON, N. HOPPER, T. HUNT, AND MR. AND MRS. A. C. PARKER.

LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock &c.) Act, 1929.
- The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
- The Grimsby Corporation Act, 1949.

ADOPTIVE ACTS.

- The Public Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Part II, IV, VI, & X).
- The Public Health Act, 1925, (Sections 13 to 33 and 35 of Part II).

BYE LAWS.

- Provision of means of escape in case of fire in factories in the Borough, 1921.
- Nuisances, 1923.
- Premises where food is prepared or cooked, 1926.
- Tents, Vans, Sheds and Similar structures, 1926.
- Conduct of persons waiting in streets to enter public vehicles, 1930.
- Smoke Abatement, 1936.
- New Streets, 1937.
- Nursing Homes, 1937.
- Seamen's Lodging Houses, 1938.
- Slaughter Houses, 1939.
- Common Lodging Houses, 1940.
- Fouling of footpaths by Dogs, 1942.
- Pleasure Grounds, 1946.
- Scartho Road Cemetery, 1948.
- Handling and Wrapping of Food, 1948.
- Employment of Children and Street Trading, 1948.
- Parking Places, 1950, 1952 and 1953.
- Cemetery Charges, 1952.
- Nuisances, 1952.
- Power Driven Model Aircraft, 1952.
- Hackney Carriages, 1952.
- Brighowgate Bus Station, 1953.
- Building Byelaws, 1953.

LOCAL REGULATIONS.

- Grimsby Port Health Authority Regulations.
- Projections in Public Streets, 1922.
- Street Collections, 1923.
- Scartho Road Cemetery, 1951.
- Grimsby Public Library, 1953.

STAFF OF THE HEALTH DEPARTMENT, 1953.

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER.

R. GLENN, M.B., B.Ch., B.A.O., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*). From 1st August, 1953.

SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNAL AND CHILD WELFARE—

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS—

J. G. J. COGHILL, M.B., Ch.B., (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

DR. P. I. ATKINSON, M.B. (Calcutta).—Resigned 28.2.1953.

SANITARY INSPECTORS.

H. PARKINSON, 1, 2. *Chief Sanitary Inspector.*

A. MANSON, 1, 2. *Deputy Chief Sanitary Inspector.*

W. W. REED, 1, 2. *Senior District Inspector.*

R. GROAT, 1, 2. (Resigned 31.1.1953).

S. F. BURKITT, 1, 2.

G. A. BOANAS, 1, 2.

J. R. FISHER, 1, 2.

F. HOLMES, 1, 2.

A. F. C. KENT, 1, 2.

G. H. COOPER, 1, 2.

S. A. BARKER, 1, 2. (Resigned 11.1.1953).

also 1 disinfecter, 1 assistant disinfecter and 3 rat catchers.

HEALTH VISITORS.

MISS M. KELLY, 3, 4, 5. *Superintendent.*

MISS H. BRAGG, 3, 4, 5. (Resigned 5.8.1953).

MISS M. J. MUMBY, 3, 4, 5. (Resigned 3.10.1953).

MISS E. M. HENLY, 3, 4, 5. (Resigned 3.10.1953).

MISS E. M. TIPPLER, 3, 4, 5.

MISS M. C. BUGG, 3, 4, 5.

MRS. I. HALDANE, 3, 4, 5.

MRS. M. B. WHEATLEY, 3, 4, 5.

MISS J. D. M. VARRIE, 3, 4, 5.

MISS J. STEEL, 3, 4, 5.

MISS B. M. WATSON, 3, 5. (Resigned 25.3.1953).

MISS K. CORR, 3, 5.

MISS J. BELL, 3, 4, 5. (from 1.7.1953).

MISS K. L. SPENCER, 3, 4, 5. (from 1.7.1953).

MRS. M. REDSTON, 3, 4, 5. (from 7.8.1953).

STUDENT HEALTH VISITOR.

MISS M. COOLING, 3.

TUBERCULOSIS VISITORS.

MISS D. ATKIN, 3, 4, 5.

MRS. R. DONSON, 3, 4. (part-time).

HOME NURSING SERVICE.

MISS F. ENGLEADOW, 3, 4, 5. *Superintendent and Non-Medical Supervisor of Midwives.*

MISS N. PLANT, 3, 4. *Assistant Superintendent and Assistant Non-Medical Supervisor of Midwives.* (from 8.4.1953).

MRS. F. B. STEELE, 3, 4.

MISS S. LEEDHAM, 3. (Resigned 8.7.1953).

MRS. B. BILLINGHAM, 3.

MR. V. TOWRISS, 3.

MR. J. W. WEST, 3. (Resigned 16.9.1953).

MRS. J. HARPER, 3.

MRS. S. M. HIGSON, 3, 4.

MISS B. E. BELL, 3. (Resigned 8.11.1953).

MRS. I. PULFORD, 6. (from 1.3.1953).

MISS R. DOVE, 3, 4. (from 21.7.1953).

MRS. C. J. F. FOULGER, 3, 4, (from 1.11.1953), and five part-time nurses.

MUNICIPAL MIDWIVES.

MISS D. G. INKPEN, 3, 4.

MISS C. TIERNEY, 3, 4.

MISS R. SMITH, 3, 4.

MISS E. BAXTER, 3, 4.

MISS G. A. BAXTER, 3, 4.

MISS F. E. JOHNSON, 3, 4. (Resigned 26.4.1953).

MISS D. M. DAWSON, 3, 4.

MRS. K. M. BIRKETT, 3, 4.

MRS. C. WESTACOTT, 3, 4.

MRS. M. QUINN, 3, 4.

MISS C. E. CARTWRIGHT, 3, 4. (from 31.1.1953).

AMBULANCE SERVICE.

E. BROWN, Ambulance Officer; and staff of 26.

MENTAL HEALTH SERVICE.

MISS E. M. WOULD, *Senior Mental Health Worker.*

MISS R. M. MORRISON, *Mental Health Worker.* (Resigned 31.8.1953).

MISS P. M. BOWMER, *Mental Health Worker.*

L. C. RACKHAM, *Duly Authorised Officer.*

G. W. A. MACKENZIE, *Duly Authorised Officer.*

MISS M. E. TROTTER, *Clerk.* (from 20.7.1953).

MISS J. E. ALLEY, *Clerk.* (from 26.10.1953).

OCCUPATION CENTRE STAFF.

MISS E. PATERSON, *Supervisor.*

MRS. A. E. COOK, *Assistant Supervisor.*

MRS. L. A. WILLERTON,

MISS M. H. BARKER,

MRS. E. D. PREISSNER, (Temporary).

DOMESTIC HELP SUPERVISOR:—MISS L. BLACKBURN.

ALMONER:—MISS A. GREENSTOCK.

SOCIAL WORKER:—MISS M. COMYNS. (from 14.9.1953).

CLERKS.

T. E. DAVIDSON, *Chief Clerk*.

W. R. GALE.

D. AMERY.

MRS. J. R. GOMERSALL (Resigned 19.9.1953).

MISS E. JONES (Resigned 31.7.1953).

MISS D. H. MOLTON.

MISS P. D. GRAY (from 1.8.1953).

MISS F. M. BROWN (from 1.9.1953).

S. NASH, (*Sanitary Sub-Department*).

T. H. R. JOHNSON, (*Sanitary Sub-Department*).

MRS. J. ISITT, (*Sanitary Sub-Department*).

MRS. J. A. POTTER, (*Maternal and Child Welfare Sub-Department*).

MRS. M. CLEVELAND, (*Maternal and Child Welfare Sub-Department*—Resigned 31.1.1953).

MISS A. M. TRUMBLE, (*Maternal and Child Welfare Sub-Department*—Resigned 14.3.1953).

MISS M. E. MOORE, (*Maternal and Child Welfare Sub-Department*).

MISS S. WILLING, (*Maternal and Child Welfare Sub-Department*).

MISS R. HANNAH, (*Maternal and Child Welfare Sub-Department*—from 7.4.1953)

MISS I. HOLDEN, (*Almoner's Service*).

MISS B. N. DOUGHTY, (*Domestic Help Service*—from 22.5.1953).

1. Sanitary Inspector's Certificate.
2. Meat Inspector's Certificate.
3. State Registered Nurse.
4. State Certified Midwife.
5. Health Visitor's Certificate.
6. State Enrolled Assistant Nurse.

INTRODUCTION.

To the Mayor, Aldermen and Councillors of Grimsby County Borough.

I have the honour to present the Annual Health Report for the year 1953. Although I only commenced duties as Medical Officer of Health on 1st August, 1953, I have had sufficient time to form some estimate of the health of the citizens of Grimsby County Borough.

My first impressions are that on the whole the health services are working reasonably well in this area. The administrative organisation for co-operation among the three branches of the National Health Service Act, 1946, is good, and I find the friendly spirit most encouraging. Of course, the practical application of such schemes depends on personalities, and I will strive for a greater understanding of each others difficulties.

There being no heavy industries in the borough the atmosphere is clear, but due to the concentrated residential areas household chimneys markedly increase the deposit during the cold winter months. I would like to see more trolley buses and fewer diesel engines.

The vital statistics show a steady birth rate, a death rate below the average for county boroughs, no maternal deaths, and the second lowest number of notifications of tuberculosis yet recorded; but the infant mortality is still too high. The latter is the keenest index of the living conditions of any community. Analysis of the mortality table clearly indicates that prematurity is the greatest single contributory factor. It is satisfying to note that there were few infant deaths from theoretically preventable causes such as diarrhoea, icterus and respiratory disease (excepting pneumonia which is still very fatal in infants despite antibiotic treatment). Much research remains to be done before all is known about the causes of premature births, but there is ample evidence to prove that diet and the mode of living are important factors. Each expectant mother should avail herself of the extras obtainable from the welfare foods scheme.

Another disturbing report is the high percentage of deaths from tuberculosis that were not previously notified under the Public Health (Tuberculosis) Regulations, 1952. This is looked upon as an indication of the efficiency of the detection of the disease, but in Grimsby I feel certain that it is no reflection on the doctors or the Chest Clinic because I know that most cases are referred on the slightest suspicion for full investigation. It is mostly caused by two classes: those who do not go to their doctor until it is too late, and those who refuse to attend the clinic although advised to do so because often they suspect that they are suffering from tuberculosis and foolishly will not face the fact. More health education is required to overcome this last vestige of the stigma attached to tuberculosis.

The commoner infectious diseases assumed epidemic proportions in respect of scarlet fever, measles and chicken pox. Fortunately the majority were mild in form. There was one case of diphtheria in a boy aged 13 years who had never been immunised. This should act as a stern

reminder to those parents who have neglected to avail themselves of the ample opportunities offered free for the protection of their children. There were only eight cases of poliomyelitis during the year, but unfortunately two died. All these epidemics have placed a great strain on the depleted staffs of sanitary inspectors and health visitors.

The present day policy of only admitting serious cases and those whose parents are food handlers to the isolation hospital is now generally accepted. However, in many houses good isolation of the patient is difficult due to lack of a spare room. More often the instructions given are half heartedly applied, particularly with regard to scarlet fever which is at present a mild disease. Indeed, many escape detection because medical advice is not even sought and the faint rash quickly fades.

I am most grateful for the help I have received from all departments and for the loyal service of the staff of the Health Department.

To the Chairman and members of the Health Committee I extend my sincere thanks for the consideration and help which has invariably been shown to me.

R. GLENN,

Medical Officer of Health.

HEALTH DEPARTMENT,
1, Bargate, Grimsby.
September, 1954.

PART I.

STATISTICS AND SOCIAL CONDITIONS.

Summary of Statistics

Population

Births

Deaths

State of Employment

SUMMARY OF STATISTICS.

COUNTY BOROUGH OF GRIMSBY.

Area (in acres)—excluding foreshore	5,468
Registrar-General's estimate of population, mid-1953	93,300
Number of inhabited houses (end of 1953) according to Rate Books	27,088
Rateable value	£582,269
Sum represented by a penny rate	£2,321

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live births:—	Males	Females	Total.			
Legitimate ..	792	771	1563	}	Birth Rate ..	17.6
Illegitimate	42	42	84			
	<u>834</u>	<u>813</u>	<u>1647</u>			

Adjusted birth rate (Area comparability factor 1.03) 18.1

Still births:—

Legitimate ..	22	17	39	}	Rate	0.43*
Illegitimate	1	1	2			
	<u>23</u>	<u>18</u>	<u>41</u>			

Deaths 555 467 1022 Death Rate .. 10.9

Adjusted death rate (Area comparability factor 1.05) 11.4

Number of women dying in, or in consequence of childbirth .. 0

Death rate of infants under one year of age per 1,000 live births:—

Legitimate 33.8;	Illegitimate 23.8 ;	Total 33.3
(53 deaths)	(2 deaths)	(55 deaths)

	Number	Rate
Deaths from measles	1	0.01
„ whooping cough	0	0.00
„ diphtheria	0	0.00
„ respiratory tuberculosis	24	0.25
„ other tuberculous diseases	2	0.02
Total tuberculosis deaths	26	0.27
Deaths from cancer	182	1.95
Deaths from influenza	9	0.09

* 24.2 per 1,000 total (live and still) births.

STATISTICS AND SOCIAL CONDITIONS.

Population.—The Registrar General's estimate of the home population of Grimsby at mid-year 1953 was 93,300, an increase of one hundred on his estimate for the previous year. The natural increase of the population, i.e., the excess of live births over deaths, was 625.

Births.—There were 1,647 live births (834 males and 813 females), giving a birth rate of 17.6 per thousand of the home population.

The adjusted birth rate for Grimsby County Borough (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.03) was 18.1, compared with 15.5 for England and Wales and 17.0 for the 160 county boroughs and great towns. Table 2 at the end of this report gives the rates over a period of years compared with those for England and Wales.

Eighty-four (5.1 per cent) of the births were illegitimate. The illegitimacy rate was 51 per thousand live births; for England and Wales it was 46.

Still Births.—Forty-one still births were registered, giving a rate of 0.43 per thousand of the population, compared with 0.35 for England and Wales. The rate expressed per thousand total (live and still) births was 24.2, while for England and Wales it was 22.4.

Deaths.—There were 1,022 deaths (555 males and 467 females), equal to a death rate of 10.9—the lowest for four years. Table 3 gives the local and national rates over a period of years.

The adjusted death rate for Grimsby (calculated by multiplying the crude death rate by the Registrar General's comparability factor of 1.05) was 11.4, compared with the same for England and Wales and 12.2 for the great towns.

Five hundred and forty-eight persons, comprising residents and non-residents, died in institutions in the borough, equivalent to 53 per cent of the total deaths.

Five hundred and eighty-six persons died at seventy years of age and upwards, the numbers at age periods being:—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years	96	92	188
„ 75 and under 80 years	93	84	177
„ 80 and under 85 years	57	66	123
„ 85 and under 90 years	23	56	79
„ 90 years and over	4	15	19

This is equal to 57 per cent of the total deaths.

Table 5 at the end of this report, giving the causes of death in age periods was prepared in the Health Department from information supplied weekly by the local registrar. The classification does not differ materially from that received from the Registrar General on 15th April, 1954.

Infant Mortality.—There were 55 deaths of infants under one year of age, giving an infant mortality rate of 33.3 per thousand live births compared with 26.8 for England and Wales.

State of Employment.—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons 18 years of age and over in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the Grimsby Rural District. Separate figures are not available.

Total live register in January, 1953			
(males 1,406; females 343)	..	..	1,749
Total live register in July, 1953			
(males 742; females 166)	..	..	908
Total live register in December, 1953		..	
(males 865; females 375)	..	..	1,240

These figures include temporarily stopped claimants.

The number of people known to have left Grimsby permanently to take up employment in other areas (excluding daily travel) was 50—males 39 and females 11.

Rainfall.—The total rainfall recorded during the year was 19.29 inches (20.02 in 1952), and the heaviest fall was 1.18 inches on 13th October, 1953.

PART II.

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES

Notifiable infectious diseases.

Cancer.

Tuberculosis.

Venereal diseases.

Paratyphoid Fever.—Two cases were notified, a woman aged 33 years and a male child of 16 months. The latter was an inmate of Springfield for 17 days. He was originally notified as suffering from dysentery but the diagnosis was later revised to paratyphoid B.

Pneumonia.—Forty-five notifications were received—30 of primary pneumonia and 15 of influenzal pneumonia. The local attack rate was 0.48 compared with 0.84 for England and Wales. Nine cases were treated in hospital. Sixty four deaths were ascribed to all forms of pneumonia, giving a local death rate of 0.68 (England and Wales 0.55).

Meningococcal Infection.—Six cases were notified relating to 3 male and 3 female children, equal to an attack rate of 0.06 (England and Wales 0.03). All were treated in hospital. Two of the cases died, one being a non-Grimsby resident.

Ophthalmia Neonatorum.—Five cases of this disease were reported. The services of a nurse are offered by the local authority in all cases nursed at home.

Puerperal Pyrexia.—Ten notifications of puerperal pyrexia were received. The attack rate per thousand total (live and still) births was 5.90, compared with 18.23 for England and Wales. When a case is nursed at home the services of a district nurse are offered by the local authority. Three of the cases notified were removed to hospital for treatment.

Erysipelas.—Fourteen cases of erysipelas were notified—5 males and 9 females. The local attack rate was 0.15 (England and Wales 0.14). Three of these cases were treated in hospital.

Chicken Pox.—This disease was again prevalent, there being 1,008 cases (491 males and 517 females) notified, compared with 1,253 in 1952. Fifteen cases were admitted to hospital for treatment.

Acute Poliomyelitis.—Eight cases (2 males and 6 females) of the paralytic form of this disease were notified. The local attack rate was 0.08; for England and Wales it was 0.07 (paralytic) and 0.04 (non-paralytic). Six of the cases notified were admitted to hospital, and two died. The local death rate was 0.02 (England and Wales 0.01).

Acute Rheumatism.—The Acute Rheumatism Regulations of 1950 require the notification of cases of rheumatism under 16 years of age occurring in specified parts of England.

Eight such notifications were received relating to 2 boys and 6 girls in Grimsby. Each case is finally reported on by the consultant physician for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. One girl was thus proved to be non-rheumatic. See Table 8 at the end of this report.

Food Poisoning.—Eight notifications were received, and two cases were treated in hospital. The local attack rate was 0.08, and the corresponding rate for England and Wales was 0.24.

Acute Encephalitis.—One intimation was received relating to an infant of 6 months, classed as infective. The case died the same day she was admitted to hospital.

Malaria.—Two cases of malaria were notified. Both related to Servicemen infected abroad.

Influenza.—This is not a notifiable disease unless complicated by pneumonia. Nine deaths were certified as due to influenza, giving a death rate of 0.09 compared with 0.16 for England and Wales.

Small Pox.—There were no cases of small pox or suspected small pox in Grimsby during 1953.

Dysentery.—A total of 339 cases (149 males and 190 females) were notified, equal to an attack rate of 3.63 per thousand of the population. The majority were in the first quarter of the year and were a continuation of the outbreak of Sonne dysentery which occurred in the last quarter of 1952, when 246 cases were reported.

Eight of the cases occurred in residential institutions in the borough, —four cases each in a children's nursery and a residential home for boys. Multiple cases in 63 families accounted for 180 of the total, the balance being single cases in families.

The number of symptomless carriers discovered was 14. These were picked up in routine stool investigation among contacts of notified cases, and it is reasonable to assume that they were the possible cause in some of the families concerned.

There was no outbreak large enough in any of the residential institutions or schools to justify the use of prophylactic antibiotics. Good personal and environmental hygiene was emphasised, and isolation of cases was possible.

It would appear that the cause in most cases was personal contact, and the fact that there were no explosive outbreaks in any school or institution points against food as being the vehicle of infection. Twenty-six of the cases were removed to hospital for treatment.

Public Health (Infectious Diseases) Regulations, 1953.—These Regulations which came into operation on 1st April, 1953, permitted the local authority to authorise the medical officer of health to require persons engaged in occupations connected with the preparation and handling of food or drink for human consumption, to discontinue or refrain from the work if suffering from, or shown to be carriers of, typhoid fever, paratyphoid fever, or other salmonella infection, or dysentery, or staphylococcal infection likely to cause food poisoning.

The local authority authorised the medical officer of health to issue notices and to take action when necessary for him to do so for the purpose of preventing the spread of infection.

It was not necessary to take any action under these Regulations during the year.

CANCER.

The number of deaths in Grimsby due to cancer was 182, giving a local death rate from this cause of 1.95 compared with 1.99 for England and Wales. The rates for the previous year were 2.15 and 1.99 respectively.

There was no organised cancer education during 1953. The medical profession is very doubtful about the value of it. Many doctors are not sure, a few are enthusiastic, and fewer still openly opposed to any such scheme. Despite enormous research the real cause is still unknown, but methods of diagnosis and treatment have improved greatly. Much knowledge has been accumulated about factors which predispose to the onset of cancer, and the public is entitled to know more about this, e.g., the relationship of smoking to lung cancer.

TUBERCULOSIS.

Notifications.—During the year 106 persons were notified as suffering from tuberculosis as compared with 148 during the previous year. In addition, 20 pulmonary cases already notified in other areas came into the borough. The age groups and ward distribution are shown in Tables 9 and 10 in the appendix.

Deaths. (Table 9).—The number of deaths and the death rates from tuberculosis per thousand of the population in 1953 were as follows:—

	<i>No. of deaths</i>			<i>Death rates</i>
Respiratory tuberculosis	24			0.25
Other forms	2			0.02
	<hr/>			
Totals	26			0.27
	<hr/>			

The deaths for the previous year numbered 32.

The death rate for all forms of tuberculosis for England and Wales was 0.19 (respiratory 0.17, other forms 0.02).

Table 11 in the Appendix shows the number of primary notifications received per thousand of the population, and the ratio of non-notified deaths in each year of the decennium.

Included in the deaths were 5 cases that had not been previously notified as suffering from tuberculosis, and the proportion of non-notified deaths is therefore 19.2 per cent.

Revision of Register.—The names of 151 notified persons were removed from the register in 1953, these consisting of:—

Diagnosis not established	2
Recovered	74
Died	26
Not desiring public medical treatment	8
Left district	33
Not found after adequate search	5
Others	3

On 31st December, 1953, there were 760 names on the register of the Medical Officer of Health, 673 relating to pulmonary and 87 to non-pulmonary patients.

Tuberculosis Regulations, 1925.—No action was taken during 1953 relating to persons suffering from pulmonary tuberculosis employed in the milk trade.

Public Health Act, 1936.—No action was taken under Section 172 of this Act relating to the compulsory removal to hospital of persons suffering from tuberculosis.

B.C.G. Vaccination.—Work in this field continued in the same manner as in the previous year, and 196 cases were vaccinated through the Authority's approved scheme. This compares with the previous year's figure of 207 and makes, in all, 477 cases that have been vaccinated since 1949. In each case the appropriate Mantoux re-check was carried out at the end of 8-weeks. These figures do not take into account any nursing staff attached to the local hospitals who may have received this vaccination.

Towards the end of the year the arrival of Ministry of Health Circular No. 22/53 opened up the way for an extension in B.C.G. vaccination of school children. This Circular enables the local health authority to submit a scheme for approval by the Minister of Health to offer B.C.G. vaccination to children who are thirteen years old so that a child may be followed up for at least a further year after vaccination. Parental consent must be obtained in writing prior to tuberculin testing and subsequent vaccination when indicated. It is also to be clearly understood that this will in no way interfere with the existing vaccination of contacts. By the end of December the Education and Health Committees had considered the proposals for a workable scheme to be presented to the Minister, but these arrangements can only be implemented as and when adequate trained staff is available.

Patch Testing of school children.—The unduly high incidence of positive tuberculin reactors in the infants' departments of two of the modern schools, coupled with the fact that a child was notified as a primary case of tuberculosis and was admitted for treatment to the Children's Hospital, Sheffield, necessitated this field of investigation to be enlarged. In this direction 23 teachers were invited to submit themselves for medical examination by the chest physician, and while there was not full co-operation each person examined was found to be normal.

Where a schoolchild was notified as suffering from primary lung tuberculosis, parental consent was obtained to the patch testing of class contacts, and all suspicious positive reactors were referred to the chest physician for further investigation. In certain instances this work will be continued as a routine during the coming year in order to exclude the possibility of infection among school children.

Mass Radiography.—At the beginning of March the Lincolnshire Mass Radiography Unit visited Grimsby so that children who would be leaving school during 1953 could be examined before they entered industry or other occupations. This service was also extended to nursing staffs and school teachers, and the following shows the numbers X-rayed on 35 mm film.

	<i>Males</i>	<i>Females</i>
School leavers	607	649
Other staff and teachers	35	44
Recalled for large films	15	17

The Unit is expected to return to Grimsby in 1954 to offer chest X-ray to the adult population as well as school children of 13-years of age and upwards. The previous full scale survey was carried out by the M.M.R. Unit in 1952.

CHEST CLINIC.—The following table (by courtesy of Dr. J. Glen, consultant chest physician) is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1953:—

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL				GRAND TOTAL	
	Adults		Child ren		Adults		Children		Adults		Children			
	M	F	M	F	M	F	M	F	M	F	M	F		
A.—NEW CASES examined during the year (exclud- ing contacts):														
(a) Definitely tuberculous	36	32	5	5	2	5	4	3	38	37	9	8		
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	6	9	4	2	3,161	
(c) Non-tuber- culous ..	—	—	—	—	—	—	—	—	714	1800	266	268		
B.—CONTACTS ex- amined dur- ing the year :														
(a) Definitely tuberculous	4	1	2	3	—	—	—	—	4	1	2	3		
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	—	—	—	1	820	
(c) Non-tuber- culous ..	—	—	—	—	—	—	—	—	122	240	243	204		
C.—OTHER CASES:														
(a) Inward Transfers	11	10	1	2	—	—	—	—	11	10	1	2		27
(b) Lost sight of cases who returned ..	1	2	—	—	—	—	—	—	1	2	—	—		

DIAGNOSIS.	PULMONARY				NON-PULMONARY				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
D:—NUMBER OF CASES written off Clinic Register:—													
(a) Recovered	12	16	19	10	1	4	6	7	13	20	25	17	4,045
(b) Died—all causes	15	7	—	1	1	2	1	—	16	9	1	1	
(c) Outward Transfers	11	18	—	1	1	2	2	1	12	20	2	2	
(d) Not desiring further assist- ance	4	2	—	—	3	—	—	—	7	2	—	—	
(e) Lost sight of	2	—	1	—	—	—	2	1	2	—	3	1	
(f) Non- tuberculous	—	—	—	—	—	—	—	—	847	2056	513	476	
E.—NUMBER of cases on Clinic Register as on 31st December 1952:—													780
(a) Definitely Tuberculous	308	250	57	59	26	22	16	12	334	272	73	71	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	9	13	5	3	

1. Number of cases on Clinic Register on 1st January, 1952 817
2. Total number of attendances at Clinic, including contacts 9,973
3. Number of consultations with medical practitioners (otherwise) 7,164
4. Number of attendances for artificial sunlight treatment 514
5. Number of artificial pneumothorax refills carried out 699
6. Number of visits paid to the homes of patients by the Tuberculosis Health Visitors 2,043

X-Ray Department.

	Males.	Females.	Children	Total.
No. of X-Ray (a) 15x12" films taken	367	311	18	696
(b) 4x5"	945	939	27	1,911
No. of X-ray screening examinations carried out	1,039	2,393	1,494	4,926

Source of other special examinations referred to the Chest Clinic during 1953:—

Grimsby Corporation:—	<i>Adult males</i>	<i>Adult females</i>	<i>Male children</i>	<i>Female children</i>	<i>Total</i>
Maternity & Child Welfare Department, including Ante-Natal cases referred by general practitioners	—	1,037	—	—	1,037
Police Candidates	15	—	—	—	15
District Nursing Staff	—	3	—	—	3
Education Department, including School Medical Nursing staff, teaching appointments, entrants to Training Colleges, Nursery School Helpers and contact examinations	3	45	—	—	48
Children's Department	8	48	—	—	56
Cleansing Department	3	1	—	—	4
Welfare Services Department..	5	3	—	—	8

Grimsby Hospitals Management Committee:—

Hospital Staff	—	15	—	—	15
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National Service Medical Board	17	1	—	—	18
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National Assistance Board	3	—	—	—	3
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Migrant Examinations:—					
Australia.. .. .	3	2	—	—	5
Canada	16	18	2	2	38
Southern Rhodesia.. .. .	—	3	—	2	5
U.S.A.	4	5	—	—	9

Other Examinations:—

Appointments with outside local authorities	2	6	—	—	8
Private work's employees	29	—	—	—	29

Totals	108	1,187	2	4	1,301
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Non tuberculous conditions requiring special investigation referred to the Chest Clinic during the year ended 31st December, 1953.

				<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer	..	..	..	14	2	—
Bronchiectasis	..	..	..	6	15	3
Asthma	..	..	..	—	—	—
Atypical Pneumonia	..	..	..	—	1	—
Unresolved Pneumonia	..	..	..	4	7	—
Lung abscess	..	..	..	—	—	—
Non-tuberculous Effusions	..	..	..	1	—	1
Cardiac Conditions	..	..	..	4	10	1
Spontaneous Pneumothorax	..	..	..	3	—	—
Foreign Bodies	..	..	..	—	—	1
Empyema	..	..	..	—	—	—
Simple Tumours of Lung	..	..	..	—	—	—
Cystic Disease	..	..	..	—	—	—
Other Conditions	..	..	..	1	4	—
TOTALS				33	39	6

Number of New Cases referred to the Chest Clinic by General Practitioners, Institutions, Clinics, etc., in recent years.

<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1949	516	1,430	380	2,326
1950	635	1,509	395	2,539
1951	700	1,695	427	2,822
1952	721	1,742	493	2,956
1953	758	1,846	557	3,161

Preventive Care.—This branch of the work embraces many sections but perhaps one outstanding example is on the institutional side of treatment for tuberculosis. With the easing of the sanatorium bed accommodation it is now possible to frequently hospitalise advanced chronic cases which are a potent source of infection to other members of the family. Often this class of case can be kept in hospital for a spell until the other susceptible members in the household have been checked and given B.C.G. if necessary.

There has also been a gratifying reduction in the length of waiting time of admission of cases to the sanatorium.

The disinfection of the room and bedding used by the case prior to admission to hospital is carried out as a routine.

So far the B.C.G. campaign has been restricted to the younger members of the family, say up to the age of 15 years, but it is proposed in the future, with the increasing number of negative reactors in the young adult population that vaccination should be offered and extended to the 15-25 age group. Such a step will involve considerable difficulty as it is anticipated that the great majority of persons in such a group will be in employment so that it may be necessary to arrange for special facilities to be provided.

Another important point in preventive care work is good and adequate housing accommodation for the patient and family. In this respect there is complete co-operation between the local authority and the Chest Clinic for necessitous cases, mostly of the infectious type, to receive alternative accommodation, while those living in overcrowded conditions or where a separate bedroom cannot be set aside for the case are also assisted.

In addition to the above, sunlight and physiotherapy clinics are held for persons considered to be in need of such treatment.

After-care.—The Grimsby Tuberculosis Care Committee was established in 1925 and has continued to function since. It is a very active body with members who are keenly interested in the work and problems that arise. The Committee consists of members of the Grimsby Town Council and other co-opted persons representing various organisations etc. The Grimsby Town Council subscribes the sum of £1,000 per annum for the provision of extra nourishment to patients, plus administrative expenses, through the Grimsby Central Care Council.

In addition to this figure the Committee has always maintained a separate fund out of which other necessities to cases can be provided, in addition to paying excess of expenditure over the official grant. This separate fund is kept in a solvent condition by donations, street collections, dances etc.

During the year under review the Committee extended their many and varied forms of assistance to patients by introducing a scheme whereby selected cases under Chest Clinic supervision were sent to convalescent homes for periods of two to three weeks. Each case is granted a return rail ticket, £1 per week as additional pocket money, while full maintenance charges are met by the Care Committee.

The Committee also continued grants to patients under domiciliary supervision at Christmas, while adult patients in the local sanatorium were similarly assisted. A further grant was made to the Matron of the local sanatorium for the purchase of extra gifts, particularly for the children.

From the voluntary fund various assistance was rendered—payment of gas, electricity, water rates, clothing and bedding provided, while the Committee also continued to be financially responsible for the handicraft scheme of occupational therapy carried out by adult cases in the sanatorium.

During 1953 a total of 38,273 pints of milk, at a cost of £1,097, was provided to an average of 70 cases monthly.

Contact Examinations.—This important branch of the work is on a perfectly satisfactory basis as will be seen from the following table:—

<i>Year</i>	<i>No. of notified cases of tuberculosis</i>	<i>Number of contacts examined</i>
1949	130	591
1950	98	625
1951	149	808
1952	148	865
1953	106	820

That there is a fairly stable rise in the number of contacts being examined through each notified case of tuberculosis is encouraging and much of the credit for this is due to the zealousness of the Tuberculosis Health Visitors.

Employment Conditions.—Facilities for the sheltered employment of tuberculosis cases in this area do not exist.

With the reduction in the number of new cases notified under the Regulations now becoming evident and the fact that modern methods of treatment enable us to render a much higher percentage of cases quiescent and stable, makes the provision of sheltered employment less acute than in the past. A great number of patients can now return to normal living and working conditions.

The old difficulties of returning treated tuberculosis cases to the food industries, which play such an important part in this town, remain. With the introduction of new forms of employment available in recent years, however, this question is becoming less urgent than formerly.

Non-notified Deaths.—It is to be regretted that non-notified deaths from tuberculosis are recorded almost annually even in a town such as Grimsby where co-operation between the medical profession and the chest clinic service is at an exceedingly high standard.

It is interesting to find that of the five deaths so recorded during 1953, two occurred in general hospitals, one was certified by the Coroner following post-mortem examination, leaving two deaths occurring in the home.

The home of the deceased is at once visited by the tuberculosis nurse and contacts requested to attend the clinic for examination.

Follow-up of Cases.—As the one full-time and one part-time Tuberculosis Health Visitors also carry out duties as clinic nurses and radiographers there is a complete follow-up of patients. This is a satisfactory arrangement as any case showing retrogression, on waiting list for institutional treatment, under chemotherapy etc., is immediately revisited at home. In this way the nurses are fully aware of what is happening and this tends to a more intimate touch between patient and the clinic staff.

Special Case-Finding Surveys.—During 1953 the tuberculin testing of selected age groups of children at the Nunsthorpe School was carried out.

This gave us an indication of the tuberculin state of these particular groups.

The Mass Radiography Unit did not operate in Grimsby during 1953 except for the purpose of examining the school leaving population, and as the unit carried out its last survey in 1952, it is felt that the time would be opportune for a re-visit next year.

VENEREAL DISEASES.

The special out-patient clinic for venereal diseases at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee. The times at which sessions are held with the venereologist in attendance are:—

Males:—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays 2 p.m.

Females:—Mondays, 2 p.m.; Thursdays 10 a.m. and 4.30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 218 Grimsby residents attended this clinic for the first time, the classification of these new cases being:—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	6	8	14
Gonorrhoea	12	9	21
Other than venereal ..	141	42	183
	159	59	218

Information about the location and times of sessions of the clinic are circulated to shipping by the port health inspectors.

PART III

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance Service

Prevention of Illness, Care and After-Care

Domestic Help

Mental Health

NOTIFIABLE INFECTIOUS DISEASES.

The incidence of notifiable diseases (other than tuberculosis) was as follows:—

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet fever	162	27	—
Diphtheria	1	1	—
Paratyphoid fever	2	1	—
Acute pneumonia	45	9	64
Meningococcal infection	6	6	3
Acute poliomyelitis	8	6	2
Ophthalmia neonatorum	5	—	—
Puerperal pyrexia	10	3	—
Erysipelas	14	3	—
Chicken pox	1,008	15	—
Measles	1,746	21	1
Whooping Cough	629	15	—
Acute rheumatism	8	3	—
Food poisoning	8	2	—
Dysentery	339	26	—
Acute encephalitis, infective	1	1	1
Malaria (contracted abroad)	2	—	—
Totals	3,994	139	71

No notifications were received of other notifiable diseases not specified in the table above (e.g., small-pox).

Table 4 on page 83 gives an analysis of the total notified cases under various age groups and in Wards.

Table 7 on page 86 gives a comparison of the death rates and case rates of certain infectious diseases.

Measles.—The total number of notifications of measles was 1,746 (males 886 and females 860), the heaviest incidence occurring in the second and third quarters of the year. Twenty one cases were admitted to hospital for treatment. The attack rate for Grimsby was 18.71 while for England and Wales it was 12.36. One death occurred locally.

Whooping Cough.—629 notifications of whooping cough (males 292 and females 337) were received. The attack rate was 6.74; for England and Wales it was 3.58. Fifteen cases were treated in hospital. There were no deaths.

Scarlet Fever.—162 notifications of scarlet fever (males 72 and females 90) were received. The local attack rate was 1.73, while for England and Wales it was 1.39. Twenty seven of these cases were removed to hospital for treatment.

The following table shows the comparative prevalence of scarlet fever over a period of ten years:—

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1944	76,150	153	2.00	1	0.65	0.01	121	79.0
1945	78,030	76	0.97	—	—	—	50	65.7
1946	86,340	55	0.63	—	—	—	41	74.5
1947	89,190	119	1.33	—	—	—	80	67.2
1948	91,060	263	2.88	1	0.38	0.01	96	36.5
1949	91,250	213	2.33	1	0.46	0.01	77	36.1
1950	93,240	126	1.35	—	—	—	38	30.1
1951	93,250	65	1.69	1	1.53	0.01	20	30.7
1952	93,200	74	0.79	—	—	—	26	35.1
1953	93,300	162	1.73	—	—	—	27	16.6

Diphtheria.—One case of diphtheria was notified in January. It occurred in an unimmunised boy of 13 years of age and he was admitted to hospital for treatment. The attack rate was 0.01, the same as for England and Wales.

The table appended shows the prevalence of Diphtheria over a period of ten years:—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1944	76,150	150	1.96	2	1.33	0.02	150	100.0
1945	78,030	53	0.67	1	1.88	0.01	52	98.1
1946	86,340	31	0.35	1	3.22	0.01	31	100.0
1947	89,190	21	0.23	1	4.75	0.01	21	100.0
1948	91,060	23	0.25	1	4.34	0.01	23	100.0
1949	91,250	8	0.08	1	12.50	0.01	7	87.5
1950	93,240	0	—	—	—	—	—	—
1951	93,250	10	0.10	1	10.00	0.01	10	100.0
1952	93,200	5	0.05	—	—	—	5	100.0
1953	93,300	1	0.01	—	—	—	1	100.0

CARE OF MOTHERS AND YOUNG CHILDREN.

Notification of births.—1,630 live births and 38 still births were notified as compared with 1,639 and 43 in 1952.

Prematurity.—132 infants were notified as having been born prematurely, a much higher number than in 1952 when only 98 were notified but not quite so high as in 1951.

Of this number 84 were born in hospital, 3 in nursing homes and 45 in their own homes. From the statistical table below it will be seen that 8 died within 24-hours of birth and that 113 were still surviving at the end of 28-days.

The survival rate of those born in maternity hospital is 86.7 per cent., in nursing homes 100 per cent., and at home 82.2 per cent. Of the eight infants born at home and transferred to hospital only five survived 28 days. As usual the survival rate was in proportion to the birth weight, the less the weight at birth the higher the mortality.

Weight at birth	Born in Hospital			Born at Home and nursed entirely at home			Born at Home and admitted to hospital before 28th day			Born in Nursing Home and nursed entirely there		
	Total (1)	Died in 24 hrs. (2)	Survived 28 dys. (3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
3-lb. 4-ozs. or less ...	12	5	4	3	—	1	1	—	1	—	—	—
Over 3-lb. 4-ozs. up to and including 4-lb. 6-ozs. ...	18	1	16	6	—	6	5	—	3	1	—	1
Over 4-lb. 6-ozs. up to and including 4-lb. 15 ozs. ...	21	—	21	6	—	6	1	—	1	1	—	1
Over 4-lb. 15-ozs. up to and including 5-lb. 8-ozs. ...	33	1	32	22	1	19	1	—	—	1	—	1
Totals	84	7	73	37	1	32	8	—	5	3	—	3

Stillbirths.—The usual routine enquiries were made into cases of stillbirth and in only 7 cases was the cause unknown. The following causative conditions were found:—

Hydrops foetalis	4
Toxaemia of pregnancy and ante-partum haemorrhage ..	2
Toxaemia of pregnancy	5
Accidental haemorrhage	7
Anoxia—due to strangulation by cord	4
Anoxia—due to placental infarcts	1
Congenital defects (anencephaly, hydrocephaly and meningocele)	4
Dystocia (prolapsed cord 1, post maturity 1, prolapsed hand 1, and craniotomy 1)	4

Seventeen of the babies were first babies. 32 of the births occurred in hospital (seven of the mothers being admitted as emergencies), and the remaining 6 mothers were confined in their own homes.

Infant Welfare Centres.—Again there was a slight drop in the total attendances, particularly in the age group one to five years: in this group attendances dropped from 2,713 to 2,204. There was, moreover, a drop in the actual number of children who attended in 1953, namely, 2,669 as compared with 3,339 the previous year.

The routine examination of toddlers was not maintained during 1953 owing to changes in and shortage of medical staff. It is hoped that this gap will be filled during 1954 and that more interest will be taken by parents in the health of the toddler. Both health visitors and assistant medical officers are bound to feel frustrated when a child suffering from extreme malnutrition and weighing less than an average healthy baby of 6 months, or a child whose teeth are carious, or a child in need of orthopaedic treatment, is brought to the toddlers clinic for the first time.

A recent survey of nutrition of children aged one to four years is appended, and the falling off in nutrition as the child gets older is appreciable. It is to remedy this defect that efforts are being made.

			<i>Below average</i>	<i>Average</i>	<i>Above average</i>
1 year of age ..	..	..	17.2	36.4	46.4
2 years of age ..	..	..	17.9	24.9	57.2
3 years of age ..	..	..	34.8	19.5	45.7
4 years of age ..	..	..	40.0	16.8	43.2

Test feeding clinics.—A total of 160 test feeds were carried out at clinics, but the use of scales which are lent to breast feeding mothers to use in their own homes has been found a great help. Health visitors have to concentrate on these cases, but they feel that the extra visits made by them to the homes are very helpful in encouraging the mother to breast feed and in maintaining lactation after the initial difficulties have been overcome.

On the whole there does not seem to be any improvement in the extent of breast feeding, and weaning in the majority of cases takes place in the third week of an infant's life.

Mothercraft.—During the year there was a noticeable expansion in the amount of mothercraft teaching done at clinics. The teaching has chiefly been given to primiparous women but it is hoped that in time there will be sufficient expansion to include multiparous women also. The attitude of the nervous primipara is soon changed as a result of the instruction given to her, and also mixing with other young pregnant women, but nothing improves morale more than the visit of a former member of the class complete with her new baby. The gossip which develops may hold up the class work in one sense, but the loss is more than made up by the gain in confidence of those still waiting confinement.

It is a curious thing that attendances vary greatly according to districts and extra efforts will have to be made to increase mothercraft teaching at one clinic. The mothercraft class run at the Maternity Hospital ante-natal clinic by the sister-tutor and one of the health visitors is proof of the successful liaison between hospital and local health authority. The members attending vary between 25 and 30 each session. Fortunately these expectant mothers come from all areas of the town and it is felt that by teaching them, we are more likely to spread our health education idea throughout the town. 1,231 attendances were made to the local health authority mothercraft classes. It is encouraging to be asked by an expectant mother, "When do you hold your mothercraft class? . . . My doctor has told me about it and I am anxious to attend."

Distribution of Milk.—Distribution of dried milk at a cost approved by the Minister of Health has continued. Many mothers take advantage of the Government milk scheme and the work of the distribution of National dried milk, cod liver oil and orange juice is undertaken by the food office clerks. Full use, unfortunately, is not taken of the priority vitamins supplied by the Ministry of Food despite the teaching of midwives and health visitors.

Ante-natal clinics.—617 new cases attended and made a total of 1,781 attendances. There was a slight drop in the number of new cases from 640 in 1950 to 617 in 1953, but the figure still remains high as compared with 470 in 1951. A great number of these cases are referred by general practitioners for blood tests and x-ray examination, and their ante-natal supervision is carried out by the general practitioner, no attempt being made to interfere in any way by the staff of the ante-natal clinic, but every opportunity is taken to encourage doctors' booked cases to attend the mothercraft classes for instruction, and the relaxation and remedial exercise classes are well patronised.

Post-natal clinics.—Only 146 new cases attended for post-natal examination, a total of 175 attendances being made. It would seem that all cases confined by midwives (no general practitioner having been booked) receive a routine post-natal examination, as midwives booked only 138 cases and in seven of these medical aid was called and the post-natal examination subsequently done by the general practitioner. A few cases attended for advice on family planning or gynaecological troubles.

Orthopaedic cases.—31 cases were referred from maternal and child welfare centres to the orthopaedic department at the General Hospital as compared with 20 in 1952.

Infant Mortality.—This rate (33.3) was disappointingly high despite all the infant welfare work done. The chief causes of death were prematurity 16, respiratory diseases 11, congenital defects 6, injury at birth 3, atelectasis 3, and congenital debility 3. Only two deaths were attributed

to gastro-enteritis; in one case home conditions were poor, whereas in the other home conditions were good but the infant had other defects. Measles, encephalitis and meningitis accounted for four. It is distressing to note that four infants died from suffocation despite the fact that in no case was asphyxia due to the type of bedding used. The ages of these babies ranged from 4 weeks to 3 months and home conditions were good in all cases.

It is significant that out of 11 deaths from respiratory diseases in three instances onset was so sudden and disease so virulent as to cause sudden death, the actual cause being ascertained by post-mortem examination. In four cases broncho-pneumonia was associated with muscular atrophy (2) and prematurity (2).

Neo-natal deaths accounted for 60 per cent. of the total infant deaths, and half of these were due to prematurity. Of the 33 neo-natal deaths only two occurred outside hospitals although six of the babies concerned were born at home. The causes of death were:—atelectasis 2, congenital debility 2, injury at birth 3, congenital defects 5, broncho pneumonia 4, Rhesus incompatibility 1 and prematurity 16.

In only six cases where death was attributed to prematurity was the cause of premature labour known, viz:—ante-partum haemorrhage 2, twin pregnancy 2, toxæmia of pregnancy 1 and repeated miscarriage 1.

It is quite possible that premature labour was due to a toxæmia of pregnancy in some of the other cases, although ante-natal records fail to reveal this.

It is realised that deaths from congenital defects, atelectasis and Rhesus incompatibility are almost inevitable but the toll from prematurity is much too high and much research work will have to be done to find out the causes of premature labour and steps taken to avoid this wastage of infant life. The weight of infants dying from prematurity ranged between 2 lb. 2 ozs. and 5 lbs. 14 ozs. but in 12 cases weight was 3 lbs. and under.

Maternal mortality.—There were no maternal deaths during 1953.

Ophthalmia Neonatorum.—Only five cases were notified during the year and in no case was there any impairment of vision.

Pemphigus Neonatorum.—There was no case during 1953.

Ophthalmic treatment.—15 cases were referred from maternal and child welfare clinics and received treatment.

DENTAL TREATMENT.

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	200	200	200	135
Children under five	295	270	270	266

Forms of dental treatment provided :—

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and nursing mothers	935	136	135	90	91	..	48	2	11	31
Children under five	467	..	227	12	17	13	2	..	..	..

Clinics and Treatment Centres.—The Clinics and treatment centres provided by the local authority in the Borough are as follows :—

MATERNITY AND CHILD WELFARE.

Infant Welfare Centres.

Second Avenue, Nunsthorpe	Monday	..	..	2 p.m.
do. do.	Thursday	..	..	9-30 a.m.
Hope Street (Tel. 4012)	Tues. and Thurs.	..	..	2 p.m.
do. do.	Wednesday	..	..	9-30 a.m.
Watkin Street (Tel. 4564)	Tues. and Thurs.	..	..	2 p.m.
Old Clee	Friday	..	..	2 p.m.

Ante Natal Clinics.

Second Avenue, Nunsthorpe	Monday	..	..	9-30 a.m.
Hope Street	Monday	..	..	2 p.m.
do.	Friday	..	..	2 p.m.
Watkin Street	Monday	..	..	9-30 a.m.
do.	Wednesday	..	..	2 p.m.

Post Natal Clinics.

Second Avenue, Nunsthorpe	Monday	..	..	9-30 a.m.
Watkin Street	Tuesday	..	..	9-30 a.m.
Hope Street	Thursday	..	..	9-30 a.m.

Toddlers' Clinics.

Hope Street	Tuesday	..	..	9-30 a.m.
Second Avenue, Nunsthorpe	Wednesday	..	..	2 p.m.
Watkin Street	Friday	..	..	9-30 a.m.

Artificial Sunlight Treatment Clinics.

Hope Street	Monday Wednesday Friday	} 2 p.m.
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Vaccination and Diphtheria Immunisation Clinics.

Second Avenue, Nunsthorpe	Second Monday in each month	2 p.m.
Watkin Street Centre	First Monday in each month	2 p.m.
Hope Street Centre	Wednesday 2 p.m.

Dental Clinic.

Hope Street Centre	Every afternoon (except Saturday)
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MIDWIFERY.

Ten midwives were employed on the district and two of them who are approved as district teacher midwives undertook district teaching of pupil midwives.

There were 635 district deliveries. In 128 cases no doctor was booked, and 131 of these were delivered by midwives. In 497 cases a doctor was booked and 347 of these cases were delivered by midwives, no doctor being present at the delivery. The midwives acted as midwives in 75.3% of the total cases. There were 57 fewer district deliveries than in 1952 owing to (a) fall in birth rate, and (b) popularity of hospital confinement. 89% of the infants born on the district were wholly breast fed on the 14th day. In 91 cases medical aid was summoned, the various reasons for calling in medical aid being:—

<i>For Mother</i>		<i>For baby</i>
Phlebitis	.. .. 2	Jaundice
Frontal headache	.. .. 1	Prematurity
Premature labour	.. .. 1	Asphyxia
Raised blood pressure	.. .. 4	Collapse
Rise in temperature	.. .. 9	Sticky eyes
Uterine inertia	.. .. 2	Septic rash
Delay in 2nd stage	.. .. 3	Convulsions

<i>For Mother</i>		<i>For baby</i>
Obstetric shock ..	1	Inability to pass urine
Retained placenta ..	3	
Retained membranes	1	
Post-partum haemorrhage	2	
Ruptured perineum	20	
Ante-partum haemorrhage	5	
Extended breech ..	1	
Offensive lochia ..	2	
Irregular pulse rate ..	1	
Syncope	1	
Suppression of lactation	1	

All the district midwives employed by the local health authority are qualified to give gas and air analgesia and 70.4% of the total district deliveries had gas and air analgesia administered, and 46.8% of the total cases had Pethidine given for relief of pain.

On the whole, most of the district cases are given relief from pain by one or other method, but there still remains a definite hard core of women who send for the midwife too late for any relief to be given: in addition, despite constant teaching by midwives and medical officers at ante-natal clinics, some expectant mothers are still resistant to the idea of there being any need for medication of any sort for relief of pain in childbirth.

Six pupil midwives were given district training during the year and four succeeded in obtaining the Central Midwives Board Certificate. It is a pity that more pupil midwives do not come to Grimsby for Part II training as there are excellent opportunities available, both in the Nuns-thorpe Maternity Hospital and on the district.

The liaison between midwives, general practitioners and health department is excellent, and the part taken by midwives in the parents' club and mothercraft classes shows that their interest in their patients is not a narrow one, confined only to the midwifery side: this is the ideal which was aimed at over many years.

HEALTH VISITING.

During the year three health visitors resigned—Miss B. Watson in March, Miss H. Bragg in August and Miss J. Mumby in October. Miss M. Henly was granted six months leave of absence to enable her to go to Canada. Two trainee health visitors, Miss J. Bell and Miss K. Spencer, completed their training at Oxford and commenced duty in Grimsby in April, and Mrs. M. Redston joined the staff in a temporary capacity in August. Arrangements were made for the training of a further student health visitor at Battersea Polytechnic in 1954.

• The health visitors made a total of 32,022 visits as compared with 31,915 in 1952.

A second Parents' Club was started in September in conjunction with the Nunsthorpe Community Centre and the original club continues to flourish. Attendances at these clubs during the year was 537. Mothercraft classes, staffed by health visitors and supported by the midwives have been very successful, and the Stork Club organised jointly by the local health authority and Maternity Hospital is an outstanding success.

HOME NURSING.

During the year the district nurses' home at 34 Dudley Street was adapted to accommodate the midwifery pupils. Since this has been done few pupils have taken their training; only six pupils have been resident in the home and none are available for district training until September, 1954.

At the end of 1953 the staff consisted of:—

<i>Full-time</i>	<i>Part-time</i>
1 Superintendent	1 Queen's nurse
1 Assistant Superintendent	3 State Registered nurses
2 Queen's nurses	1 State Enrolled assistant nurse.
1 Queen's male nurse	
4 State Registered nurses	
1 State Enrolled assistant nurse	

Of these, only two—the Superintendent and her Assistant—were resident in the home. The general nurses are married and living in their own homes.

Seven new nurses were appointed during the year, including the assistant superintendent and one Queen's nurse who completed her training sponsored by Grimsby Corporation. The newly appointed nurses were local applicants and with so many married nurses employed the home nursing service is not as stable as is desirable. Although another male nurse is urgently required it has not been possible to obtain one owing to lack of suitable accommodation being available.

One State Registered nurse was sent to a residential course arranged by the Queen's Institute of District Nursing. It is hoped to send one or two nurses each year if suitable courses are arranged.

Co-operation with general practitioners remains good and liaison with the hospitals regarding discharged patients is also good.

An agreement has been made with the British Red Cross Society for large articles of equipment such as wheel chairs, commodes and crutches to be stored in the depot in Victoria Street, and the transfer of these articles will be arranged in due course.

The following table shows the work done during the year:—

Cases being nursed on 1st January, 1953 ..	128
New cases nursed during the year:	
Adults	1,091
Children under 5 years ..	44
	<hr/> 1,135
Total cases nursed during the year ..	<hr/> 1,263 <hr/>

Summary of New Cases Nursed.

ADULTS

ADULTS								<i>Number of patients</i>
Patients suffering from infectious diseases:—								
Tuberculosis	..	..	..	..	..	..	..	42
Pneumonia	..	..	..	..	..	..	..	75
Influenza	..	..	..	..	..	..	..	8
Ophthalmic	..	..	..	..	..	..	..	2
Erysipelas	..	..	..	..	..	..	..	3
Maternal Complications								39
Surgical Nursing	..	..	..	..	..	..	..	286
Orthopaedic	..	..	..	..	..	..	..	5

Medical Nursing:—

Bronchitis	..	..	..	..	..	..	..	46
Pleurisy	..	..	..	..	..	..	..	13
Rheumatism	..	..	..	..	..	..	..	9
Cerebral haemorrhage—under 60	..	..	..	..	..	..	..	8
Cerebral haemorrhage—over 60	..	..	..	..	..	..	..	64
Cancer	..	..	..	..	..	..	..	54
Anaemia	..	..	..	..	..	..	..	4
Ear, nose and throat	..	..	..	..	..	..	..	10
X-ray preparation	..	..	..	..	..	..	..	1
Gynaecological	..	..	..	..	..	..	..	50
Cardiovascular disease	..	..	..	..	..	..	..	91
Diabetes	..	..	..	..	..	..	..	26
Disseminated sclerosis	..	..	..	..	..	..	..	3
Skin diseases	3
Senility	72
Other medical conditions	177

Total adults	1,091
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CHILDREN UNDER 5 YEARS.

Bronchitis	2
Pneumonia	5
Threadworms	8
Constipation	3
Otitis media ..	..	..	..	..	..	..	1
Tonsillectomy, after-care ..	..	..	..	..	..	..	2
Scalds ..	..	..	..	..	..	..	2
Surgical dressings ..	..	..	..	..	..	..	5
Others ..	..	..	..	..	..	..	16

Total children . . . 44

VACCINATION AND IMMUNISATION.

DIPHTHERIA IMMUNISATION.—During the year a total of 1,190 children completed the series of inoculations, 413 of these being carried out by general medical practitioners. This shows a decrease on last year's high figure of 1,451. The number of children fully protected in the age group 0-15 years represents 66 per cent. of the total child population.

Reinforcing injections were given to 871 children, of which 213 were carried out by general medical practitioners, and while this figure is lower than the preceding year it is above average. The actual number of children immunised during the last six years is as follows:—

YEAR	PRIMARY IMMUNISATION			REINFORCING
	Under 5 yrs.	5-15 yrs.	Total.	INJECTIONS 5-15 years
1948 ..	1357	204	1561	633
1949 ..	1151	157	1308	365
1950 ..	722	65	787	219
1951 ..	1181	92	1273	754
1952 ..	1147	304	1451	1224
1953 ..	1038	152	1190	871

An extract of the new form of annual return for diphtheria immunisation is given below. In the main this return was introduced by the Ministry of Health to show whether the numbers of individuals already injected with diphtheria antigen and the degree of immunity thus conferred on them was sufficient to safeguard against outbreaks of diphtheria. The distinction previously made between primary and booster inoculations is ignored, and it must be remembered that for children born in 1953 the immunity index figure cannot exceed 33 per cent. since immunisation in young children is not commenced until a child is 8-months old.

Immunisation in relation to child population.

<i>Age at 31.12.53 i.e. Born in Year</i>	<i>Under 1 1953</i>	<i>1—4 1952-1949</i>	<i>5—9 1948-1944</i>	<i>10—14 1943-1939</i>	<i>Under 15 Total</i>
Last complete course of injections					
A. 1949-1953	53	3,805	3,659	1,422	8,939
B. 1948 or earlier	—	—	2,707	3,509	6,216
C. Estimated mid-year child population ...	1,630	6,670	14,700		23,000
Immunity Index 100 A/C	3	57	35		39

Table 14 in the appendix indicates the number of children completing the series of inoculations since the inauguration of the scheme.

VACCINATION.—During the year 536 primary vaccinations and 90 re-vaccinations were performed, and of this combined total 385 were carried out by general practitioners. The following shows the number of persons vaccinated during the past six years.

YEAR.	PRIMARY VACCINATIONS.					RE-VACCINATIONS.
	Age periods					
	Under 1.	1-4.	5-14.	Adults	Total.	All Ages.
1948	144	30	8	11	193	6
1949	181	187	32	32	432	104
1950	73	233	51	56	413	50
1951	113	277	53	92	535	148
1952	129	221	23	60	433	80
1953	329	114	40	53	536	90

The number of vaccination sessions per month was increased in October from three to six to coincide with the sessions held for immunisation against diphtheria at the infant welfare centres. It is hoped that this will achieve an increase in the number of vaccinations in the near future, but it appears difficult to secure the full co-operation of parents in having their young children vaccinated and it generally takes a smallpox "scare" close by to produce the desired result. Publicity material and advertisements in the local press have been continued to reinforce the systematic drive of personal persuasion made by the medical and nursing staffs.

AMBULANCE SERVICE.

The returns for the year ended the 31st December, 1953 show a still further increase in the work of the service as compared with previous years, the rate of increase being most marked by the number of patients carried.

During the year 17,386 calls were received; 136 of these came from areas outside the borough and were transmitted to the appropriate authority. 25,548 patients were transported and 146,765 miles were covered by the vehicles. Of the number of patients carried 1,755 were accidents or other type of emergency cases.

The difficulty experienced in the past in meeting the demands of the service with the staff available has intensified, and only by separating crews and doubling up on vehicles has the service been able to maintain its efficiency. Some improvement has taken place in the timing of admissions and discharges from specialists hospitals but still more could be done if hospitals within close proximity of each other had some method of co-ordination. The better understanding reached with neighbouring authorities has proved helpful in reducing the number of journeys in long distance work; whilst relations with general practitioners continues to be satisfactory.

There has been no change in the number of vehicles, but some of the older machines are becoming mechanically unsound. Although their continued use is not desired, they are needed as reserves when the better vehicles are withdrawn from the road for service and repairs. The mileage covered by these vehicles increases year by year and maintenance difficulties are beginning to arise as the machines age and more repairs are needed.

The high standard of proficiency acquired by the staff is to be commended and has been a big factor in meeting the increased calls on the service.

Statistical tables for the year 1953 are given below:—

CALLS.		TIME ANALYSIS OF JOURNEYS.	
Accidents ..	1,171	2300—0700 hours	558
Sudden illness	262	0700—0900 hours	1,015
Removals ..	15,418	0900—1500 hours	4,819
Miscellaneous	399	1500—1700 hours	1,197
For other authorities	136	1700—2300 hours	1,582
<hr/> 17,386 <hr/>			

OPERATIONAL.

TYPE OF CASE.	PATIENTS		JOURNEYS.
Accidents	1,237		1,171
Sudden illness	273		262
Removals (local)	22,330		6,815
Removals (others)	1,504		524
Miscellaneous	204		399
	<hr/> 25,548 <hr/>		<hr/> 9,171 <hr/>

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The almoner service has continued to provide medico-social care to sick people in their homes and on the hospital wards. Satisfactory co-ordination with workers in other departments of the local authority health and other services has been achieved with resultant benefit to the patient.

The liaison between the general medical practitioners and the almoner service has been maintained.

Early in 1953 it was agreed between the Sheffield Regional Hospital Board and the local authority that the cost of an establishment of three almoners could be shared but unfortunately there has been no response to advertisements for two more almoners. Owing to the growing need for the almoner to have assistance in the increasing work of the service it was eventually decided to advertise for a social worker holding a social studies or similar diploma and on the 14th September, 1953, Miss Mary Comyns commenced duties in the department.

In the course of the year, after discussion it was decided that at their discretion, hospital consultants should request home reports where necessary from health visitors in respect of children admitted to the wards.

CENTRAL CARE COUNCIL.—During 1953 thirty-nine patients and their families have been assisted through the General Care Committee of the Central Care Council. Grants have been made either through the funds administered by representative members, e.g. by the Royal Naval Benevolent Trust, the Royal Air Force Association, etc., or directly from the monies made over to the Council by the local authority. The majority of the grants, however, have been made by Committee members through their respective associations.

The co-ordination and co-operation of these associations and the statutory bodies in helping sick people and their families has been excellent. The work of the General Care Committee is becoming more widely known to the community and is growing apace.

The main help given by the General Care Committee has been in the form of recuperative holidays, the supply of extra nourishment, coal, clothing and bedding. Fares have been paid to enable relatives to visit their sick in distant hospitals. In some instances patients have received help over a period of time whilst in others the grant has been for an immediate need, e.g. wireless licence, warm boots for an adolescent suffering from poor circulation, etc.

The nature of the work varies so much that it is difficult to tabulate it under clear cut headings, but it can be divided into two broad classes:—

- (a) Work done at the Health Department premises;
- (b) Work done at the Hospitals.

“ Old patients ” represent case-work continued throughout the year, the patients being first interviewed in previous years and returning for help or advice as a result of chronic or renewed illness.

	HEALTH		
	DEPARTMENT	HOSPITALS	TOTAL
New patients ..	307	255	562
Old patients ..	946	440	1,386
Interviews ..	670	691	1,361

In addition to the above, 845 home visits were also made.

DOMESTIC HELP.

This service has again shown an increase in the number of cases assisted, an average of 155 being dealt with weekly compared with 145 in 1952. These include elderly, infirm, chronic sick, tuberculosis, blind, maternity and emergency cases occurring in the home. Although there has been a decrease in the number of maternity cases there has been an increase of 101 in other types of cases, and 85 per cent. of these have been aged persons and chronic sick. The latter are becoming a real problem to the service as more and more help is needed, mainly due to the difficulty experienced in the preparation of food. Even so many old people are able to stay in their own homes through having help provided for a few hours weekly.

The number of cases (11) dealt with by the "sitters-up" service is still small but shows a slight increase on the number served in the previous year.

The following information relates to the working of the domestic help scheme:—

Administrative staff on 31st December, 1953:

Organiser	1	}	2
Clerk	1		

Home helps employed on 31st December, 1953;

Whole time	9	}	70
Part time	61		

Cases helped during 1953:

Maternity (including expectant mothers)	..	122	}	476
Tuberculosis	..	9		
Chronic sick, aged and infirm	..	228		
Others	..	117		

AMOUNT OF SERVICE GIVEN.—The undermention figures are taken from a representative week.

6	patients	were	in	receipt	of	2	hours	but	less	than	3	hours	per	day,
67	"	"	"	"	"	3	"	"	"	"	4	"	"	"
39	"	"	"	"	"	4	"	"	"	"	5	"	"	"
3	"	"	"	"	"	5	hours	per	day,					

and one patient was in receipt of more than 5 hours per day. The remaining 40 cases were in receipt of two or more half days per week. Four confinement cases were in receipt of full time help during the week.

PAYMENT FOR SERVICE.—Of the 476 cases assisted the charges were distributed in the following way:—

	<i>Free of cost</i>	<i>Part cost</i>	<i>Full cost</i>
Tuberculous cases ...	4	4	1
Chronic sick, aged and infirm ...	174	46	8
Maternity ...	4	87	31
Others ...	19	56	42
Total ...	201	193	82

RECRUITMENT.—The method adopted in employing home helps is to recruit from persons recommended by existing home helps or from personal applications. References are obtained in all cases.

Home helps are employed under the National Joint Council scale of pay and conditions of service. Bus fares or cycle allowances are paid to part-time home helps.

UNIFORMS.—Two overalls and a badge are provided to each home help after a probationary period of one month, and those attending tuberculous or other infectious cases are provided with extra overalls. In addition, the whole time home helps are provided with an outside uniform consisting of one green gabardine coat and beret.

Periodical chest X-ray examinations are offered to all home helps undertaking any long term case, and only volunteers such as ex-tuberculous patients or women over 40 years of age with no children are considered for this type of work.

PRIORITY OF SERVICE.—Bookings for maternity cases are received two or three months prior to the confinement, and priority is always given to this type of case. In all other cases help can be provided at very short notice, and even on the same day if necessary.

SUPERVISION.—Each new case is visited by the organiser who assesses the need for the service and also obtains the necessary information to enable an assessment to be made for the payment of such service. Charges for the service of a home help are on a graduated scale according to income. The standard charge is 3s. 0d. per hour.

MENTAL HEALTH.

(i) ADMINISTRATION.

(a) The Mental Health Sub-Committee consists of 16 members, 5 of whom are co-opted. The senior mental health worker is responsible to the medical officer of health for the activities of the section.

(b) The senior mental health worker and two women mental health workers have social science diplomas, the former being responsible for much of the psychiatric social work of the clinic held at the local general hospital. The supervisor of the Occupation Centre holds the diploma granted by the National Association for Mental Health and a junior officer is at present attending the course for this diploma. The two male duly authorised officers originally worked as relieving officers and have taken courses arranged for such staff at the Sheffield University.

(c) A psychiatric clinic is held each Wednesday morning at the Grimsby General Hospital staffed by psychiatrists from the mental hospital who advise the staff of the mental health service on any difficulties which may arise. In addition, a fortnightly case conference is held on Wednesday afternoon in the mental health office by the psychiatrist attending the morning clinic and a number of patients are seen at this office with the social worker in attendance. The psychiatrists are also available for domiciliary visits in cases of special difficulty on these days. Supervisory visits are paid by the local authority staff to all patients leaving the mental hospital, carrying out the directions of the psychiatrist. Likewise the mental health workers assist when requested with any patients coming home on licence or holiday leave from mental deficiency institutions. Reports on home conditions are furnished as required. Some patients on licence attend the girls' club held in the town by the junior mental health workers.

(d) There is no voluntary association for mental health in the borough but a very active group of the National Association of the Parents of Backward Children co-operate fully with the local authority. Members of the staff have given assistance at many of the activities organized by the group.

(e) Officers are sent to appropriate courses as opportunity arises and visits are arranged to all other sections of the health service including maternal and child welfare, sanitary inspection, port health and school medical service, together with child guidance, children's homes and hospitals.

Assistant staff at the Occupation Centre consists mainly of women who have taught in schools, but opportunities are offered to each member to take further courses if they wish and at present our senior nursery assistant is taking the diploma course arranged by the National Association for Mental Health. A teacher with special experience of sub-normal children is acting as assistant during the temporary absence of our nursery supervisor on the course. One of our chief difficulties in this respect is the distance from Grimsby of most of the training facilities.

(ii) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) Under Section 28 of the National Health Service Act, 1946, visits are paid to patients referred by other organisations. Sources of referral include the welfare services, police, probation officers, the N.S.P.C.C. officers, employers, and Members of Council, but the majority are referred by the family doctor. Such referrals are followed up and where any need for this is indicated, attempts are made to secure psychiatric treatment at the earliest possible moment. There is not usually any delay in securing psychiatric advice, and regular visits are paid to mentally ill patients in the same way but usually at more frequent intervals than the supervisory visits paid to mental defectives. Co-operation between the officers of the National Assistance Board and the local authority staff has been very close and is much appreciated by the mental health workers. Similar acknowledgment is also made to officers of the Ministry of Labour with whom close co-operation is maintained, particularly with regard to the re-settlement of patients in the community after a stay in hospital.

(b) Lunacy and Mental Treatment Acts, 1890-1930.

The senior mental health worker and the two male duly authorised officers are responsible for immediate action under the Lunacy Acts at any hour these cases are referred. The workers visit and if necessary arrange immediate admission to hospital for observation or treatment. The two junior mental health workers share with the duly authorised officers the visitation of the patients in their homes, accompanying patients to hospital, visiting them on their return, and consistent efforts are made to continue the contact with each patient by the officer originally dealing with the case.

The restriction in the admission of voluntary patients, particularly women, has been a very serious handicap during the past year, especially so in respect of patients who have been previously helped by hospital treatment and seek similar help again. Many patients who could be helped in the early stages of their illness must later be admitted for a much longer period.

The following cases have been admitted to Bracebridge Heath Hospital during the year:—

	MALES	FEMALES	TOTAL
Voluntary	18	12	30
Temporary	2	6	8
Certified	7	29	36
Section 20 (Scartho Road Infirmary)	15	20	35
Section 20 (Bracebridge)	10	14	24
Section 21	5	1	6
	<hr/> 57	<hr/> 82	<hr/> 139

These figures include a certain number of patients who were admitted to Bracebridge under a short term order and then re-graded, usually to voluntary status. In addition to the above figures, 7 patients were admitted to Bracebridge Heath Hospital by sources other than the local authority staff.

Cases have been dealt with by the duly authorised officers as follows:—

Senior Mental Health Worker—48 plus 94 calls with no action taken under Lunacy Acts.

Mr. Rackham 26 plus 123 calls with no action taken under Lunacy Acts.

Mr. Mackenzie 44 plus 104 calls with no action taken under Lunacy Acts.

The services of the borough ambulance were required on 101 occasions.

(c) Mental Deficiency Acts, 1913-1938:—

(i) The majority of our defectives are referred by the Education Department and School Health Service, the Maternal and Child Welfare Medical Officers, and medical practitioners. Some few cases are also referred by parents, police, probation officers, and employers. The mental health staff arrange for the medical section of the ascertainment form to be completed and in this way any additional knowledge of mental instability or defectiveness in the family can be added. The staff are frequently in contact with such homes as they are responsible for statutory supervision visits. The mental health workers also pay after care visits to sub-normal children not reported for statutory supervision after they leave school.

(ii) The guardianship scheme in the borough is working well, and it was only necessary to place one new case under guardianship during the year. One child became unsuitable and was admitted to an institution. All cases are visited by the officers of the department at the statutory interval. The National Assistance Board is financially responsible for the greater number of guardianship cases. Some of these continue to attend the Occupation Centre.

During the year 6 males and 3 females were admitted to institutions. After a special survey of the waiting list it was found that there were 9 urgent cases and 8 others considered suitable, but for various reasons (mostly home conditions) not classified as urgently in need of admission.

Three patients were found suitable employment during 1953.

Licence was granted to 6 patients during the year and extended on behalf of others already on licence.

I. Particulars of mental defectives as on 1st January, 1954.

N.B. No case is entered under more than one heading of (1) or (2) and only "live" cases should be included.

(1) Number of Ascertained Mental Defectives found to be "Subject to be dealt with":—

		M.	F.	T.
(a)	In Institutions (Under 16 years of age) (including cases (Aged 16 years & over) on licence).	14 94	7 93	21 187
(b)	Under Guardianship (Under 16 years of age) (including cases (Aged 16 years & over) on licence)	— 15	— 24	— 39
(c)	In "places of safety"	1	2	3
(d)	Under Statutory Supervision (excluding cases (Under 16 years of age) on licence) (Aged 16 years & over)	34 120	43 122	77 242
(e)	Action not yet taken under any one of the above headings Total ascertained cases found to be "subject to be dealt with"	6 284	7 298	13 582

No. of cases awaiting removal M. F. T.
to an Institution 10 7 17

(2)	Number of mental defectives not at present "Subject to be dealt with" but over whom some form of voluntary supervision is main- tained	15	26	41
Total number of mental defectives (1) plus (2)		299	324	623

(3) Number of mental defectives receiving training :—	M.	F.	T.
In day training (Under 16 years of age)	18	11	29
centres .. (Aged 16 years & over)	11	8	19
Total ..	29	19	48

11. Particulars of cases reported during the year 1953.

(1) Ascertainment.			
(a) Cases reported by Local Education Authorities (Sec. 57, Ed. Act, 1944):—			
(i) Under Sec. 57(3)	7	11	18
(ii) Under Sec. 57(5)			
On leaving special schools	1	—	1
On leaving ordinary schools	8	13	21
(b) Other ascertained defectives reported during 1953 and found "subject to be dealt with"	3	1	4
Total ascertained defectives found to be "subject to be dealt with" during year ..	19	25	44
(c) Other reported cases ascertained during 1953 who are not at present "subject to be dealt with"	6	7	13
Total number of cases reported during the year	25	32	57

(2) Disposal of cases reported during the year.

(a) Ascertained defectives found to be "subject to be dealt with":—	M.	F.	T.
(i) Admitted to institutions			
(Under 16 years of age)	—	—	—
(Aged 16 years & over)	—	1	1
(ii) Placed under guardianship	—	—	—
(iii) Taken to "places of safety"	—	—	—
(iv) Placed under statutory supervision	19	24	43
(v) Action unnecessary	6	7	13
Total ascertained defectives found to be "subject to be dealt with"	25	32	57

III. Number of mental defectives in institutions under community care including voluntary supervision or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care in 1953.				M.	F.	T.
(a) Ceased to be under care	..	..		8	3	11
(b) Died, removed from area, or lost sight of				4	10	14
Total	..	..	..	12	13	25

IV. Of the total number of mental defectives known to the local authority

(a) Number who have given birth to children during 1953:—

While unmarried 1

(b) Number who have married during 1953 .. 3 12

GIRLS' CLUB.—The Girls' Club is run by the two younger social workers and caters mainly for patients under guardianship, on licence or under statutory supervision. The club is conducted one evening a week and several of the girls come to the club on leaving their work. Tea is followed by such activities as country dancing, handwork, singing or table tennis. Old time and square dances are a popular feature on the programme and occasionally cookery demonstrations are given by the occupation centre cook. The summer outing and Christmas Party continue to be very popular and the outing was discussed at great length, the girls deciding what form they would prefer this to take. The club is very regularly attended and serves as the only outside activity in the case of several of the patients.

OCCUPATION CENTRE.—There are 48 patients in attendance at the occupation centre, including 3 part-time attenders and 7 patients from Cleethorpes. The woodwork class supervised by one of the duly authorised officers has increased its membership, and the junior class, under supervision of one of the permanent staff at the centre, has made satisfactory progress. Training given in the class has resulted in another boy being placed in employment.

Owing to a temporary delay in the proposed new occupation centre it was decided to re-decorate the old one for Christmas. As there was only a small sum of money available in the estimates for this purpose it was necessary to recruit voluntary labour. The excellent response from members of the N.A.P.B.C., members of the staff, and all others concerned has resulted in a much brighter centre to the great benefit of the pupils and staff. A sincere "thank you" is extended to all those who took part in this worthwhile job.

PART IV.

SANITARY CIRCUMSTANCES

Water supply

Rivers and streams

Sewerage and drainage

Public cleansing

Sanitary inspection

Pest control

Atmospheric pollution

IV.—SANITARY CIRCUMSTANCES.

Mr. Harold Parkinson, Chief Sanitary Inspector, has compiled this section of the report.

Staff.—Throughout the year the staff of Sanitary Inspectors was well below establishment which had a decided effect on the work which could be attempted and accomplished.

Priorities had to be settled as the urgency of circumstances demanded, with the result that routine inspections and other normal activities were much restricted.

Water Supply.—The public supply was provided throughout the town by the Grimsby, Cleethorpes and District Water Board and the results of the regular examinations were satisfactory. The saline content was found to be similar to that of 1952.

Specimen reports are as follows:—

Report by pathologist of bacteriological examination of town's water taken on 27.11.1953.

Central Pathological Laboratory,
Grimsby General Hospital, Grimsby.

Sample C.A. Laboratory Ref. No. 38378

Plate count.	3 days at 22°C. aerobically	..	Nil per m.l.
Plate count.	2 days at 37°C aerobically	..	Nil per m.l.
Coliform bacilli absent from 100 m.l.			
Cl. welchii absent from 50 m.l.			

30.11.1953. (signed) F. HAMPSON, Pathologist.

Report by Public Analyst.

67, Surrey Street,
SHEFFIELD, 1.

Physical characters.

Suspended matter	..	..	..	..	..	None
Appearance of a column 2 ft. long	..	..	..	..	..	Clear; colourless
Taste	..	..	..	..	..	Normal
Odour	..	..	..	..	..	None

*Chemical examination.**Parts per million.*

Total solids (dried at 180 C.)	..	..	..	320.0
Chlorides in terms of chlorine	..	..	..	21.5
Equivalent to sodium chloride	..	..	..	35.4
Nitrites .. .. .	..	..	..	none
Nitrates as nitrogen	..	..	..	3.00
Poisonous metals (lead etc.)	..	..	..	none
Total hardness	..	..	..	258.0
Temporary hardness	..	..	..	214.0
Permanent hardness	..	..	..	44.0
Oxygen absorbed in 4 hours at 80 F.	..	..	..	0.16
Ammoniacal nitrogen	..	..	..	0.010
Albuminoid nitrogen	..	..	..	0.016
Free chlorine	..	..	..	none
pH value	..	..	..	7.6

Remarks:—satisfactory.

(Signed) For John Evans (A. H. Allen & Partners.)

22.12.1953.

HUGH CHILDS.

Bores and Wells.—A survey was undertaken, early in the year, to ascertain the number of water bearing bores in use in the county borough. 31 were found at industrial and commercial undertakings, and 3 at houses on the town's outskirts.

After the severe flooding of adjacent districts in January and February samples were taken from all the Grimsby bores and examined. At one factory infiltration and contamination was indicated and the requisite precautions against drinking the affected water were taken by the firm concerned.

Rivers and Streams.—The main stream (the Freshney) which flows through the Coates and Alexandra Wards of the town is under the control of the Lincolnshire River Board, on which the Grimsby Corporation has representatives.

Complaints were received from nearby residents about the overgrown and neglected state of the Freshney. When the level of the water was low it showed that certain portions had been used as rubbish dumps.

As far as this town is concerned the Freshney at present is anything but attractive or useful and the original purpose years ago of diverting its course in attempting to keep the sand from accumulating near the entrance to the docks has long since proved ineffective.

Sewerage and drainage.—Progress continued in the extension of the Riby Street Pumping station and the construction of the new pumping station at Pyewipe. These are the town's two sewage outfalls into the River Humber.

As new housing sites were developed new public sewers were constructed.

A few outlying and sparsely populated areas of the town still required to be sewered. Pail closets were in use and the Corporation paid a contractor to empty and collect the contents which were used on agricultural land.

Closet accommodation.—Most houses in the county borough have separate water closets connected to the public sewers.

Public Cleansing.—The Corporation has not an incinerating plant, consequently all refuse after salvaging certain materials is tipped.

During the summer complaints were received from residents in the Spring Bank district about fly nuisances emanating from the nearby Corporation tip. It was very disturbing to find that the requirements for efficient "controlled" tipping were not being applied. Representations were made to the Cleansing Superintendent and certain palliative measures were tried at the time to abate the nuisance. After further pressure the Cleansing Committee decided to purchase new mechanical equipment to undertake "controlled" tipping in a proper manner.

As suggested in a previous annual report the emptying of ashbins into skips, usually near house doors is most insanitary permitting dust and refuse to blow about and also to spill on to yard surfaces. The bins should be emptied direct into well designed vehicles and properly used to prevent nuisances from smell and dust.

Mr. W. A. Turner, the Cleansing Superintendent (appointed September, 1953) reports the collection of 28,696 tons of house and trade refuse. The sale of salvaged materials including 1,247 tons of waste paper and 728 tons of kitchen waste realised £12,928 17s. 1d. (1952—£14,300 17s. 6d.)

Two new Shelvoke and Drewry fore and aft loaders and two new Karrier mechanical sweeper collectors were put into service during the year. Two obsolete electric vehicles were scrapped.

Sanitary Inspections.

Accumulations	276	Animals	27
Ashbins	14	Caravans	18
Complaints received and investigated ..	2528	Dirty houses and persons	122
Drain tests	86	Drainage	4018
Infectious disease enquiries	859	Factories and outworkers	130
Offensive smells	133	Lodging houses	34
Offensive trades	26	Miscellaneous matters ..	4054
Piggeries and stables ..	322	Passages and yards ..	477
Rooms disinfected after infectious disease ..	125	Rats and mice	287
Water supply	67	Smoke observations ..	136
		Verminous premises ..	84

Housing.

Houses, defects and nuisances (Public Health Act)	..	..	2719
Houses (Housing Act)	..	..	24
Overcrowding (Housing Act)	..	..	52

Notices.

Informal notices served	..	..	1486
Statutory notices served	..	..	541

(538 Public Health Act, 2 Food and Drugs Act, 1 Shops Act.)

Work in default was carried out by the Corporation at the cost of the owners in respect of 280 notices.

Defects remedied and nuisances abated included:—

Accumulations cleared	..	29	Animals etc. (nuisances abated)	1
Ashbins provided	..	7	Chimney repairs	.. .. 55
Doors and frames renewed			Drains cleared	.. .. 907
or repaired	.. ..	116	(involving 4082 houses)	
Drain repairs	.. ..	129	Drain and inspection cham-	
Eavesgutters new and re-			bers (new)	.. .. 3
paired	.. ..	277	Floor repairs or renewals	224
Handrails provided and re-			Fireplace and range repairs	185
fixed	.. ..	23	Houses cleansed	.. .. 54
Passages paved and repaired		16	Offensive smells abated	.. 19
Rainwater pipe repairs and			Plaster repairs	.. .. 346
renewals	.. ..	80	Roof repairs	.. .. 390
Stairway repairs	.. ..	9	Sink and pipe repairs	.. 18
Washboiler repairs and re-			Wall repairs	... .. 61
newals	.. ..	34	Water closet repairs	.. 252
Window repairs	.. ..	236	Water pipes and taps re-	
Yards repaired and repaved		79	paired	.. .. 36
			Yard walls and gates re-	
			paired	.. .. 3

Paving of passages.—Although progress was made in the programme for the re-paving and drainage of back passages under the provisions of Section 56 of the Public Health Act the work completed did not reach the proportions achieved in 1952.

Persons needing care and attention.—National Assistance Act—Section 47.

It was necessary to institute court proceedings in respect of three of the nine persons found by the sanitary inspectors. Two of the persons concerned decided to enter Scarthoe Road Institution before the day of hearing in court, consequently proceedings were withdrawn. The magistrates granted an order in the third case.

Late in 1953 the second old people's hostel under the control of the Corporation's Welfare Committee was opened at "Farnhurst," Eleanor Street.

During 1953 "Fryston," the largest house in Grimsby was purchased by the Council for adaptation into an old people's hostel.

When "Claremont" and "Fryston" are in use the difficulties in finding suitable accommodation for unfortunate old people during the last few years should become less acute.

Keeping of animals.—On 1.10.1953 it was an offence against the corporation byelaws to keep pigs within 50 ft. of a house. With a few notable exceptions most of the pig keepers complied with the byelaws—the others were warned that court proceedings were intended if they continued to offend. It was not necessary to take any prosecutions.

Even when pigs had been removed from certain premises complaints were received that swill continued to be boiled as formerly—in one instance for devilment.

Offensive trades. —			
Tripe dressers	..		4
Fish meal makers	..		1
Fat melters	..	..	4
Fish curers	..	..	33
Hide & skin dealers			1
Gut scraper	..	..	1
Rag & bone dealers			4

(a) Fish curing—It is of interest to report that at last the Reconstruction Committee of the Town Council made a start in clearing and letting a site on the Orwell Street area for the building of a modern fish curing house, so that the business of at least one fish curer could be removed from a residential area.

Following this move the Sanitary Sub-Committee when renewing permission to continue certain fish curing business in residential parts of the town indicated to the applicants that during 1954 they should endeavour to find sites or premises in approved districts in the hope that all fish curing will within a reasonable period be on or adjacent to the fish docks.

(b) Fish meal making—For a fortnight during the early summer considerable nuisances from offensive smells were caused by the fish meal makers, both at the factories in the county borough and the factories in the rural district. Truck loads of decomposing herrings had been sent by rail from Scotland for making into fish meal at Pyewipe on the instructions of the Herring Board. Pyewipe at its best is far from being a health resort with its fish meal factories and cod liver oil works, but the whole district of Pyewipe and beyond reeked more abominably than ever for days whilst the stinking herrings awaited processing. Foul oily slime seeped from the wagons in the railway sidings adjoining the road. Unfortunately during treatment the prevailing wind changed and the stinks were wafted over certain residential areas of the town.

Strong protests were made by the Town Council to the Herring Board, the fish meal makers and the British Railways. It is noteworthy to report that the two chairmen of the county borough and rural district health committees acted jointly in this matter. Fortunately there was not a recurrence of this nauseating experiment on the part of the Herring Board.

(c) Collection of rags, old clothes etc.—Section 154—Public Health Act, 1936. Itinerant rag and old clothes collectors from other counties paid fleeting visits to Grimsby to exchange gold fish, toys etc. for rags outside schools and were away out of the town the same day.

The decision of the West Ham magistrate about gold fish not being an article appears to have given a new impetus to the activities of the rag man.

Summones were issued against collectors from Newcastle for exchanging toys for rags, but at the end of the year the police had not been able to find the defendants to serve the summonses.

Pest control.—The three corporation rat catchers continued to use "Warfarin" with success. The public sewers were treated as usual—with definite indications of fewer and smaller infestations.

A few large firms engaged private contractors to keep their premises free from rats and mice.

Eradication of Vermin.—D.D.T. sprays still proved effective in clearing bug and flea infestations. Disinfestations carried out included:—

- 33 for bugs (including 1 council house).
- 12 for woodworm (including 11 council houses).
- 18 for fleas (including 4 council houses).
- 10 for cockroaches and steamflies.
- 3 for flies (including refuse tip).
- 2 for lice.

Atmospheric pollution.—The two deposit gauges in Bargate and at the back of Freeman Street were in use throughout the year with the exception of November, when the gauge at the back of Freeman Street was broken by mischievous children.

Extracts from the analytical records are as follows:—

Lowest weight of deposit in any month (tons per sq. mile).

Bargate	5.94
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Back Freeman Street	8.73
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Heaviest weight of deposit in any month (tons per sq. mile).

Bargate	30.67
---------	-------

Back Freeman Street	22.57
---------------------	-------

Average monthly deposit (tons per sq. mile)

Bargate	12.25
---------	-------

Back Freeman Street	16.08
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Grimsby is not a heavily industrialised district and the factory chimneys are chiefly in three wards of the town. There is little doubt that the smoke pollution in the atmosphere comes in the main from the chimneys of the 26,000 houses.

This domestic smoke problem does not appear to be capable of immediate solution without radical changes in our present methods in the heating of houses.

Most of the complaints received about atmospheric pollution did not concern smoke—but smells. (See section on Offensive Trades).

Our town is windswept and the prevalent winds ensure a fresh and stimulating atmosphere often to the surprise of those visiting Grimsby for the first time.

Factories Act.—Building plans for new factories, extensions and alterations to existing premises were submitted by the Borough Engineer for observations; thus ensuring at the outset that the requirements of the Act were known to the firms concerned and arrangements made for compliance.

The main improvements carried out were the provision of additional sanitary conveniences and intervening ventilated spaces. The statistical report is in the appendix.

Places of entertainment.—All the places controlled under the provisions of the licences issued by the Town Council were generally well maintained.

Fairgrounds.—A piece of private land near a new housing estate in the Carr Lane district was let by the owners for a fair. The usual complaints from the residents were received—one of the matters which required legal action by the sanitary inspectors was the sale of unsound coconuts, when a seizure was made on the Saturday evening of the fair.

The Town Council offered the vacant site adjoining the cattle market in Cromwell Road to the Showmen's Guild for future fairs. Permanent sanitary conveniences are close to this site—which is a definite improvement on the Carr Lane site where temporary conveniences of a poor type are usually erected.

Swimming Baths.—The filtration plants at the Orwell Street and Eleanor Street baths continued to be efficient. All the samples of bath water taken during active sessions proved to be satisfactory.

The Town Council continued to press for Government sanction (unfortunately without success) for the erection of a new swimming bath worthy of a seaport of Grimsby's standing.

Unrestricted bathing by the general public takes place in the Alexandra Dock and the River Head.

Two private open-air swimming baths were used by members of a scout troop in Springfield Road and by members of the R.A.F. Association Club in the grounds of the Abbey.

Advice was given from time to time for the effective treatment of the water.

Rag Flock and other Filling Materials Act and Regulations.—

One of the firms with registered premises went out of business during the year.

Licenced for storage of rag flock for sale	..	1
Registered for use of filling materials	.. ..	5

Samples were not submitted for analysis.

Shops Acts.—Routine inspections continued and some improvements completed by informal action.

The Borough Engineer helped by sending building plans for new shops and proposed alterations for comment, so that the provisions of the Act relating to the health and comfort of shop workers were met.

Schools.—At St. John's School, Cleethorpe Road the inadequate and insanitary closet accommodation was abolished and adequate and modern conveniences erected. The play ground was repaired and re-surfaced. The completion of these works—for which the Health Department had been pressing for years—in 1953 removed one of the "black spots" at the school.

Disposal of the dead.—At the end of the year the building of the new Corporation crematorium was nearing completion. The Medical Officer of Health was appointed medical referee and Dr. Hepburn as assistant medical referee.

PART V.

HOUSING

New houses

Demolitions

Unfit houses

Housing Inspections

V.—HOUSING.

This section of the report has been prepared by the Chief Sanitary Inspector.

New Houses.—516 were built in the county borough.

Demolitions.—103 houses were demolished, chiefly in the districts included in the Victoria Street No. 1 and No. 2. Unfitness Orders made under the Town and Country Planning Acts.

Unfit Houses.

Housing Acts 1936—1949

Town and Country Planning Act 1947.

20 houses (3-25 and 1-4 Bk. 15 Fotherby Street and 129-141 King Edward Street) were included in an Unfitness Order after consideration of reports and visits by members of the Town Council.

Section 11—Housing Act 1936.

6 houses—13 Cavendish Street, 118 and 120 Garibaldi Street and 1, 2, 3 Great Northern Wharf Cottages, Pasture Street, were reported to the Town Council as unfit for human habitation and could not be made fit at reasonable expense and the appropriate Closing Orders and Demolition Orders were made by the Council.

Overcrowding.—Since the survey was undertaken before World War II it has not been possible for several reasons to make another survey to ascertain the degree of overcrowding existing in the town in 1953.

When serious cases of overcrowding were found reports were submitted to the Housing Manager for consideration by the House-Letting Sub-Committee. After verification some applications for municipal houses were supported on medical grounds.

The Chairman and Members of the House Letting Sub-Committee were confronted weekly with a most difficult task in the allocation of houses, when only a limited number of new council houses were available to meet the varying demands of applicants. Overcrowded families, medical cases, tenants in the Victoria Street Reconstruction Area and the individual unfit houses, all had claims for priority during the year.

Caravans.—Fortunately there is no caravan problem. The Town Council exercised its powers under the Grimsby Corporation Act when court proceedings were taken against an owner/occupier for using a caravan as a dwelling without prior consent. An undertaking was given in court and accepted that this overcrowded caravan would not continue to be so used.

Apart from a boy scout's recreation ground on the outskirts there is no camping or caravan site within the Borough boundaries.

Basements.—There are very few basements in the town and less than a dozen are used as dwellings. Unfortunately it has not been possible to deal with these under Section 12 of the Housing Act 1936 as the local authority has not made specific regulations under the Act. An approach to the Ministry of Housing and Local Government to enable the Town Council to make the necessary regulations received little encouragement.

Common Lodging houses.—After considerable procrastination the Grimsby Town Council refused to permit 249 King Edward Street to continue as a common lodging house. The ill equipped structure had become very dilapidated and beyond repair at reasonable expense. Demolition will prove to be its most desirable end.

The site, which is in the Corporation Reconstruction Plan, will be used for a factory.

Housing repairs.—Inspections were restricted to secure the remedy of defects like leaky roofs, dangerous floors, damp walls etc., under the provisions of the Public Health Acts to make premises at least weather-tight.

Court proceedings were taken in 4 cases and the magistrates granted the necessary abatement orders.

Housing Act, 1949, Improvement Grants.—Very gradually the advantages of the Corporations' arrangements for the working of these provisions became better known, chiefly amongst owner/occupiers when 39 applications were dealt with by the Chief Sanitary Inspector.

Most of the schemes were for the provision of bath rooms, hot water supplies and ventilated food stores.

Only two applications were received from property owners who intended letting the premises—these two were for the conversion of terrace houses into flats.

House Purchase.—46 properties were surveyed by the Chief Sanitary Inspector in response to applications for loans from would-be owner/occupiers under the provisions of Section 4 of the Housing Act.

PART VI

INSPECTION AND SUPERVISION OF FOOD.

Meat inspection

Milk supply

Food hygiene

Food premises

Food and drugs sampling

VI.—INSPECTION AND SUPERVISION OF FOOD.

Mr. Harold Parkinson, Chief Sanitary Inspector is responsible for this section of the work:—

Inspections.

Bakehouses	..	..	106	Dairies and milk vendors..	509
Fish curers	..	..	300	Fish shops	.. .. 59
Food preparers	..	..	132	Fried fish shops	.. .. 160
Greengrocers	..	..	72	Grocers	.. .. 522
Ice cream makers and vendors				Markets	.. .. 371
premises	..	..	309	Meat shops and stores	.. 380
Restaurants and cafes	..		123	Slaughterhouses	.. .. 1,213
Other matters	..	..	237		

Meat inspection.—With the opening of the Government abattoir in Cromwell Road on 6.1.1953 the remaining former private slaughterhouses under the control of the Ministry of Food were de-requisitioned and closed.

The number of animals slaughtered in 1953 increased to 36,309 compared with 24,907 in 1952.

Not only did Grimsby and the adjoining district receive meat from the abattoir, but supplies were sent weekly to the Spalding area (after closure of the slaughterhouses there) and at times of surplus, London traders received carcasses of beef.

This additional work and the new method of "line dressing" increased the responsibilities and duties of the Grimsby inspectors. These were particularly exacting and trying at times of "peak" periods of slaughter when the staff was under establishment. Only by working considerable periods of overtime (570 hours) was 100% inspection achieved.

At one time, the situation became so acute, that members of the Town Council were compelled to make very strong representations to the Ministry of Food about the necessity of improving the slaughtering arrangements to ensure that the abattoir was used to capacity during normal daily hours.

The Council adopted Memo 3 Foods as a standard for meat inspection in Grimsby.

The abattoir and its workings is described fully in a paper given by the Chief Sanitary Inspector at a Sessional Meeting of the Royal Sanitary Institute held in Grimsby on 24.9.1953 (See Royal Sanitary Institute Journal Vol. LXXIV No. 1 January 1954).

Carcases inspected and condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	5,070	2,217	1,169	20,709	7,144
Number inspected	5,070	2,217	1,169	20,709	7,144
All diseases except tuberculosis. Whole carcasses condemned.	13	20	21	95	63
Carcases of which some part or organ was condemned	2,954	1,713	33	3,535	2,603
Percentage of the number inspected affected with diseases other than tuberculosis	58.52%	78.17%	4.62%	17.53%	37.32%
Tuberculosis only. Whole carcasses condemned	46	56	6	1	23
Carcases of which some part or organ was condemned.	799	813	—	—	.921
Percentage of the number inspected affected with tuberculosis	16.66%	39.2%	.51%	.005%	13.21%

Diseases and other conditions found included:—

Abscesses, actinomycosis, angioma, arthritis, atrophy, bruising, carcinoma, cysticercus bovis, cirrhosis, cysts (various types), decomposition, distomatosis, dropsy, emaciation, emphysema, endocarditis, enteritis, fibrosis, gangrene, immaturity, infarcts, jaundice, Johnes disease, mastitis, melanosis, metritis, necrosis, nephritis, pyaemia, parasites, peritonitis, pericarditis, pentastomes, pleurisy, pneumonia, septicaemia, swine fever, tumour, tuberculosis.

Weight of meat condemned—135 tons, 10 cwt. 3 qrs. 1 st. 10 lbs.

Tuberculous calves.—The meat inspectors at the abattoir found that six calves had congenital tuberculosis. Two of the calves came from farms in Lindsey and four from the Bakewell district. The senders of the two calves from the Lindsey area could be traced and the divisional veterinary officer of the Ministry of Agriculture and Fisheries was informed, but after examination of the herds no infected animal could be found.

The senders of the calves from Derbyshire could not be traced as the identification labels put on the animals before despatch had disappeared by the time of arrival at the abattoir. This has occurred in previous years and the co-operation of the Ministry of Food was again sought to ensure that a more effective method of marking calves was used.

Milk Supply *continued*

Licences to use designation Tuberculin Tested (Pasteurised) milk	3
Supplementary and dealers licences for sale of Pasteurised milk	16
Supplementary and dealers licences for sale of Tuberculin Tested (Pasteurised) milk	5
Supplementary licences for sale of Tuberculin Tested milk ..	2
Licences to produce Sterilised Milk	3
Licences to sell Sterilised milk	417

The results of the samples taken from every separate source of supply are summarised as follows:—

Tuberculin Tested Milk.—7 samples passed the bacteriological and biological tests.

Tuberculin Tested (Pasteurised) Milk.—39 samples passed the prescribed tests and of the 35 submitted to biological examinations all were satisfactory.

Pasteurised milk.—55 samples (including school milk) satisfied the methylene blue and phosphatase tests and 46 were submitted for biological examinations with satisfactory results.

Sterilised milk.—47 samples were all satisfactory and biological tests on 42 submitted were negative.

Raw Milk.—Every separate source of supply was sampled regularly for bacteriological and biological examinations.

Of the 53 samples examined 42 reached the bacteriological standard prescribed for Tuberculin Tested milk. These are indications of cleanliness but not of "safe" milk. 3 contained faecal B. Coli.

A sample of milk sold in Grimsby in November (after a guinea pig test) was found to contain living tubercle. The milk was from the herd of a producer/retailer at Immingham, in the Grimsby Rural District Council's area.

A few years previously a similar result was obtained from a sample of milk sold by the same producer/retailer.

The divisional veterinary inspector of the Ministry of Agriculture and Fisheries and the County Medical Officer of Health were informed immediately the result became known (i.e. six weeks after the sample had been taken).

Brucella abortus.—Samples from all supplies of raw milk sold in Grimsby were, as a routine measure, submitted for examination for the presence of this infection. The Ring and Whey tests were employed and guinea pig inoculations and tests followed when necessary.

In April, a sample of raw milk taken in the course of delivery from the churn of a producer/retailer in the town on examination was found to give positive results.

After the farmer had been interviewed by the Chief Sanitary inspector it was arranged that all milk produced on the farm should be pasteurised by a local firm before sale to the public. The producer also agreed to samples of milk being taken from each cow in the herd to discover the infected animals. Out of 20 cows, four were found to be giving infected milk.

In addition to public health reasons, the farmer was advised to eliminate these four cows from the herd.

Ice Cream.—

Premises registered for the making of ice cream . .	9
Premises registered for the sale of ice cream . .	381
(at end of 1953)	

Most of the ice cream sold in Grimsby came from makers with premises in other parts of the country. The sale of pre-packed ice cream increased. One local maker went out of business.

Of the 73 samples, after bacteriological examination 56 were placed in Grade I, 16 in Grade II and 1 in Grade III.

Faecal *b. coli* were found in 3 Grade I samples, 1 Grade II sample and 1 Grade III sample.

All except one of these samples came from a manufacturer in an adjoining Borough and the authority was notified. The odd one came from a Grimsby maker. The causes of these unsatisfactory samples were investigated and the necessary action taken—later samples were satisfactory.

At the end of the year interesting research work was in progress at the Pathological Department, Grimsby and District Hospital, in connection with the methylene blue test as an indicator of contamination of ice cream.

Six samples of iced lollies were submitted for bacteriological examination with satisfactory results.

Food Hygiene.—Early in the year arrangements were made for men training as cooks in the merchant navy and fishing fleet at the Grimsby Nautical School to be instructed in the practice of food hygiene.

During each training course the Chief Sanitary Inspector visited the school and gave a talk and demonstration. Later the cooks visited the abattoir and received guidance in the quality and jointing of the various carcasses of meat.

The district inspectors gave instruction in personal talks to small groups of workers "on the job" in food factories, stores, shops, etc.

During investigations in the outbreaks of dysentery and scarlet fever this method of stressing the need for hygienic practices proved profitable, if not very spectacular. No doubt exhibitions and public lectures create an interest at the time, but it is the repeated reminders and instruction to new workers during routine inspections which appear to be worthwhile.

The provision of wash basins and hot water supplies in food shops continued to receive the attention of the sanitary inspectors. Often there were certain structural difficulties to overcome, particularly in connection with small lock-up shops.

Action taken after the scrutiny of plans submitted to the Borough Engineer for new food shops and factories enabled the tradesmen to start business with premises complying with the Food and Drugs Act.

Food premises.—This summary includes food preparing premises (Section 14—Food and Drugs Act).

Bakehouses 68, butchers shops 124, cafes, restaurants and snack bars 67, bread and cake shops 62, dairies 18, fried fish shops 89, fish cake factories 8, fish curing houses 33, greengrocers shops 139, grocers and general shops 386, horse flesh shop 1, ice cream factories 9, ice cream shops 381, jam and preserve factories 1, mineral water works 6, pickle works 2, potato crisp factories 2, poultry dressing places 3, sausage making premises 70, shell fish preparation premises 4, sweet factories 5, tripe dressing premises 3, wet fish shops 21, wholesale grocery depots 17.

Open market stalls.—biscuits and cakes 7, fruit and vegetables 64, butchers and poulterers 19, sweet stalls 8, tinned goods 6.

Bakehouses.—Many are too small for the business now undertaken, some of these are ill-designed and extremely difficult to keep clean; often through the addition of piece meal extensions improvised in the past to meet the needs at the time. Others through age and lack of adequate attention to the structure fail to reach the standards of hygiene required in modern bakehouses.

Now that the licensing of building materials has become easier, bakers should be endeavouring to extend and improve their premises to meet the needs of business and improved standards of hygiene.

A Grimsby firm of wholesale and retail bakers and confectioners completed the first year's working in a modern bakehouse erected on the Corporation's trading estate in Ladysmith Road.

After complaints had been received from members of the general public it was necessary to warn certain bakers about taking adequate precautions against "foreign" bodies entering their products.

One Grimsby firm was prosecuted by the Cleethorpes Corporation for selling a loaf of bread containing a "foreign" body alleged to be an immature mouse. The magistrates imposed a fine of £10.

Another case is mentioned in the paragraph on "Prosecutions."

Fish inspection.—Following special inspections export certificates were issued for 87 consignments of dried salted fish at the premises of the only firm in the county borough producing this type of fish.

14,765 bales were sent overseas under these certificates to Alexandria, Bissau, Copenhagen, Corfu, Funchal, Havana, Lisbon, Madeira, Naples, Nicosia, Piraeus, Terceira, Trinidad, Tripoli and Volo.

A considerable number of fish curing and processing premises in Grimsby are in the town area.

Regular inspections were made both of the premises and the fish by the town inspectors.

Whalemeat.—Fourteen tons of loose whale meat landed from a Norwegian whaler were processed and packed at a cold store in Grimsby. The purchaser of the whalemeat was prohibited from offering and selling the flesh for human consumption. He gave a written undertaking that it would be packed, described, marked and sold for animal feeding purposes only. The terms of the undertaking were enforced.

Unsound foods included:—

	tons	cwts.	qrs.	sts.	lbs.
Meat condemned at abattoir ..	135	10	3	1	10
12,083 tins of various foods	5	18	—	—	9
357 jars „ „ „					
421 packets „ „					
52 bottles „ „					
flavourings and medicines etc.					
45 pies and puddings ..					
Meat, bacon and ham	1	8	—	—	9
Cheese		2	—	—	—
Fruit and nuts	1	6	2	—	—
Confectionery	1	4	2	—	—
Other foods			3	—	—
Total weight	145	10	3	1	—

Disposal of unsound meat etc.—During the year two contractors to the Ministry of Food removed diseased meat from the abattoir. Both firms had premises outside Grimsby, one at Killingholme and the other in Lincoln.

Unsound tinned goods were buried in the Corporation tips.

Food poisoning.—There were two outbreaks involving 14 persons. One family outbreak occurred during the first quarter of the year. Investigations in this case were complicated by the fact that there had been cases of Sonne dysentery in the house a short time before the results of the bacteriological examinations of faeces were known.

A carrier of salmonella typhi murium was found in the family.

The second outbreak followed a visit of a party of children and parents to Skegness. All the infected persons had tea at a cafe, diarrhoea occurred some hours later. After investigations in Grimsby salmonella were isolated from the faeces of the sick persons.

Skegness health officials were notified immediately by telephone.

In both outbreaks all the persons had recovered within a fortnight of notification.

Prosecutions.—

(a) After repeated warnings by the Sanitary Committee and inspectors it was necessary to take court proceedings against a meat carrier for failing to take reasonable precautions to prevent unwrapped meat being contaminated in a motor van. The meat had been placed on the dirty floor of the van.

The magistrates fined the defendant 30/-. An appeal was lodged against this decision and after a full hearing at the Quarter sessions the Recorder dismissed the appeal with costs for the Corporation.

(b) A local butcher was fined £25 for being in possession of a tuberculous pigs head, which the Chief Sanitary Inspector found in the butchers' motor van. On other charges taken by the Ministry of Food the same butcher was fined £150 and costs.

(c) A trader from Islington visited a fair ground in Grimsby and was found selling unsound coconuts one Saturday evening in May by two sanitary inspectors. Twenty five sacks of coconuts were seized and later destroyed on a Magistrates Order. At the Grimsby court the vendor was fined £10 and costs.

(d) A bakery firm was fined £26 for various offences of Section 13 of the Food and Drugs Act, 1936, including dirty and defective walls, floors and ceilings. The Sanitary Committee had warned the proprietor of this firm previously about the necessity of observing the law.

(e) A local fishmonger was fined £1 with £1 1s. 0d. costs for selling an article described as "Pure Crab" which contained 25% of wet cereal filler.

(f) A stall holder in the open market in Freeman Street was fined £3 for failing to comply with the Corporation Byelaws relating to the protection of food.

Samples of food and drugs.—187 samples were obtained during the year (20 formal, 167 informal). 16 (8.56%) were reported to be unsatisfactory by the Public Analyst. The satisfactory samples included:—

Ammoniated tincture of quinine 2, aspirins 2, baking powder 3, butter 3, calcium lactate tablets 1, castor oil 2, Christmas pudding 1, chocolate ginger 1, chocolate liqueurs 1, cod liver oil, 2 coffee 2, condensed milk 3, corned mutton 2, cough mixture 3, curd 1, custard pie 1, double cream 2, dressed crab 1, dried milk 4, dripping 1, Epsom salts 2, Ferric food 1, fish cakes 4, Friars balsam 2, glycerine 2, golden eye ointment 1, grapes (tinned) 2, ground almonds 1, ground white pepper 2, halibut liver oil capsules 2, honey 1, hydrogen peroxide 1, ice cream 5, iced lollies 8, ice lolly cordial 3, jam 2, jelly 1, lemon curd 1, malt vinegar 1, margarine 1,

marmalade 2, milk 52, mincemeat 2, neo-ferrum tablets 1, olive oil 2, orange squash 1, Parrish's chemical food 1, pork pie 1, pork sausages 2, potato crisps 2, potted beef 1, potted meat paste 1, powdered gelatine 2, salad dressing 1, salami sausage 1, salmon (tinned) 3, salted fish 1, sausages 3, savoury rolls 1, savoury square 1, self raising flour 2, sodium citrate tablets 1, table jellies 2, thick sauce 1, tincture of iodine 2, tinned pineapple slices 1.

Information about 16 unsatisfactory samples is set out below:—

Mincemeat. One sample only contained 57.7% of total soluble solids. Attempts were made to take a formal sample but the firm only made small amounts at Christmas time which had all been sold before the Analyst's report was received.

Golden eye ointment. 16% excess of boric acid content—4.85% present instead of 4.17% as stated on label. "Follow up" sample to be taken in 1954.

Powdered gelatine. A 3% solution failed to set. A sample taken later proved genuine.

Non-brewed condiment. The first sample contained only 3.29% acetic acid and the "follow-up" sample proved deficient in acetic acid 13.5%. The facts were discussed with legal advisor who decided court proceedings should not be taken.

Pure crab. Contained 75% crab meat and 25% cereal filler. Magistrates fined vendor £1 and £1 1s. 0d. costs.

Potted meat. Four samples should have been described as potted meat paste not as potted meat. The four samples contained 75.5%, 64.0% 54.1% and 49.4% of meat, therefore, two complied with the standard for potted meat paste. Vendors were warned about correct labelling etc.

Milk. Six samples were deficient as follows:—

(a) 20% milk fat deficiency. This sample was submitted because of alleged unpleasant taste. Some of the milk had been used by the complainant so an unsatisfactory report was expected.

(b) Four samples were slightly deficient in milk solids not fat and in two of them small amounts of added water were found.

(c) One sample was slightly deficient in both milk fat and solids. "Follow up" samples taken later proved satisfactory.

Public Health (Condensed) Milk Regulations and (Dried) Milk Regulations.—The Public Analyst reported 3 samples of condensed milk and 4 samples of dried milk to be genuine.

Bacteriological tests of dried milk were also satisfactory.

Public Health Preservatives etc. in Food Regulations.—Again as in previous years there was no breach of the regulations reported by the Public Analyst.

Chemical Analyses.—The Public Analyst, Mr. Hugh Childs, B.Sc. F.R.I.C. undertook the chemical analysis of water samples and samples submitted under the Food and Drugs Act and Fertilisers and Feeding Stuffs Act.

Bacteriological, histological and biological examinations continued to be undertaken in the Department of Pathology, Grimsby and District Hospital.

Fertilisers and Feeding Stuffs Acts.—11 inspectors' and 4 official samples were submitted for analysis. The samples were taken at farms, an allotment association's depot, manufacturers, works and retail shops.

Three samples of fertilisers were satisfactory, 8 samples of feeding stuffs conformed to guarantees.

The unsatisfactory samples were:—

Unrationed poultry meal sampled in a retail shop was sold without a declaration.

A sample of meat and bone meal contained 7.96% of oil instead of 4%.

A sample of flaked maize contained only 8.43% albuminoids against 10% set out in statutory statement.

One sample of National Poultry Mash had a slight excess of oil.

Court proceedings were not taken but the vendors were warned.

PART VII.

ADDITIONAL INFORMATION.

Incidence of blindness

Epileptics and spastics

Health education

Medical examinations

Blood donors

Laboratory facilities

NATIONAL ASSISTANCE ACTS: INCIDENCE OF BLINDNESS

Twenty Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 15 persons were certified as blind and 3 as partially sighted; the remaining two were neither blind nor partially sighted.

There were no cases of retrolental fibroplasia. The two cases of glaucoma were not considered likely to benefit by treatment due to other eye defects being present. All the cases of cataract not recommended for operation were done so as being inadvisable on general grounds.

At the end of the year the total number of blind persons in the borough was 176 (males 90 and females 86).

Follow-up of Registered Blind and Partially Sighted persons.

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment ...	7	2	—	2
(b) Treatment (medical surgical or optical)	3	—	—	4
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	—	—	—	4

Ophthalmia neonatorum.

(i) Total number of cases notified during the year ...	5
(ii) Number of cases in which:—	
(a) Vision lost ...	—
(b) Vision impaired ...	—
(c) Treatment continuing at end of year ...	—

EPILEPTICS AND SPASTICS.

No register of the number of such cases has been compiled, and it is consequently difficult to assess the true incidence. The figures given below have been obtained from the Director of Welfare Services, the Superintendents of the Health Visitors and District Nursing Services, the Mental Health Service, the Almoner Service and the Employment Exchange.

All cases of epilepsy are referred to the medical specialist at the Grimsby General Hospital by the infant welfare and school health services where they are thoroughly investigated, including an E.E.G. when necessary. The latter test can only be done at Sheffield Royal Infirmary as the necessary instrument is not available locally.

The majority attend ordinary school and unless found to be ineducable no further action has been taken. Since it has not been the practice in the past to ascertain the educable epileptic under the Handicapped Pupils Regulations, the school health service statistics show a nil return for this category, but a Y.10 form is completed when the child is leaving school. They then pass over to the care of the Welfare Department especially those whose employment becomes a problem. It should be emphasised that the majority of epileptics can and do hold down responsible jobs, and only a few dangerous occupations should be barred to them. The prejudice of some employers must be overcome by more public enlightenment.

The incidence of cases of cerebral palsy is better known because sooner or later most are referred to the orthopaedic out patient department of the Grimsby General Hospital for the necessary physiotherapy and other physical treatment. There is no special day school in this area and the milder cases attend the ordinary schools, and for suitable cases every effort is made by the Education Department to obtain vacancies in residential special schools; at present there are three such being maintained by this authority. There are 4 who attend the Occupation Centre. The remainder who are educable are visited by a peripatetic teacher.

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:—

Epileptics

		<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school ...	Males	—	1	—	1
	Females	—	3	—	3
At special school ...	Males	—	1	—	1
	Females	—	1	—	1
At occupation centre ...	Males	—	5	1	6
	Females	—	3	2	5
*In employment ...	Males	—	—	23	23
	Females	—	—	6	6
In Institution ...	Males	—	—	—	—
	Females	—	—	1	1
At home ...	Males	—	—	2	2
	Females	1	1	7	9
TOTAL ...		1	15	42	58

Spastics

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
At ordinary school ...	Males		—	2	—	2
	Females		—	—	—	—
At special school ...	Males		—	3	1	4
	Females		—	1	—	1
At occupation centre ...	Males		—	3	—	3
	Females		—	1	—	1
*In employment ...	Males		—	—	8	8
	Females		—	—	2	2
At home ...	Males		1	1	2	4
	Females		2	1	—	3
TOTAL ...			3	12	13	28

* Per Disablement Resettlement Officer, local office of Ministry of Labour.

HEALTH EDUCATION.

The local health authority subscribes to the Central Council for Health Education, and full use is made of the posters, pamphlets, leaflets and other publicity material available from them.

Sets of posters are displayed regularly on five ex-E.M.B. frames sited in different parts of the town. The frames afford a favourable means of attracting the attention of the public to pronouncements of public health importance.

A transportable stand introduced by the Central Council for indoor display is shown at a number of pre-selected premises in the borough as a permanent feature of health education, and the topics are changed at regular intervals.

Through the good offices of the editor a panel in the local evening newspaper has been placed at the disposal of the health department in which contributions of general interest appear every three weeks under the title of Your Health Service.

The journal Better Health is distributed each month through the authority's welfare centres and clinics.

Every effort is made by health visitors to teach mothers how to prevent accidents in the home, and posters received monthly from the Royal Society for the Prevention of Accidents are displayed in clinics. In addition, class teaching is done at clinics with the aid of demonstrations and film strips, and booklets on the prevention of accidents are distributed.

Lectures and talks have been given on request by officers of the health staff to a number of local organisations, viz:—

				<i>Approximate attendance</i>
5.5.53.	St. Stephen's Young Wives Group	..	..	9
1.4.53.	Waltham Church Open Group	..	..	15
28.4.53.	British Red Cross Society	..	..	15
8.10.53.	Weelsby Ward Labour Association	..	..	30
3.12.53.	King Edward VI Boys Grammar School	..	..	50
10.12.53.	St. Stephen's Church Group	..	..	10

The Medical Officer of Health also gave a talk on food inspection to 120 part-time canteen assistants employed in the school meals service of the local education authority at a Schools Meals Training Course held at Old Clee Primary School.

MEDICAL EXAMINATIONS.

Medical examinations for superannuation purposes were carried out on 213 employees during the year, 139 by medical officers of the department, 52 by the medical referee of the Corporation and 22 by requests to other local authorities. Of these, five were referred for x-ray examination of the chest, 22 were found unfit for entry into the superannuation scheme, and two were deferred for re-examination after serving a probationary period in the post occupied.

Two employees for retirement on medical grounds were referred to the medical referee of the Corporation, and the Medical Officer of Health investigated and made special reports on 13 employees who had been absent from duty for a period of three months and over.

Forty-one candidates for admission to training colleges were examined, 40 by medical officers of the department and one by request to another local authority. X-ray examination of the chest was performed on 27 such entrants. Examinations for entry into the teaching profession numbered nine, two of these by requests to other local authorities and the remainder by medical officers of the department, and one candidate was found to be unfit for entry into the profession. Seven persons received x-ray examination of the chest before appointment.

The above represents a total of 265 medical examinations during the year, 186 of which were performed by medical officers of the Health Department.

In accordance with the provisions of Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—68 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

BLOOD DONORS.

Facilities are offered to the Sheffield Regional Transfusion Team to hold taking sessions at the local authority's clinics. Nine such sessions were held at Watkin Street clinic, and 129 new donors were enrolled.

LABORATORY FACILITIES.

The examination of specimens is carried out in the laboratory at the Grimsby General Hospital. A total of 1,433 specimens were sent by the health department for examination.

PART VIII.

STATISTICAL TABLES.

Table 1.—Vital Statistics of the whole Borough during 1953 and previous Years.

YEAR	Total Population estimated to middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Un-corrected Number	Nett		Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate								
1	2	3	4	5	6	7	8	9	Number	Rate per 1,000 Net Births	Number	Rate
1931	92,280	1634	1650	17·8	1126	12·2	53	37	100	61	1110	12·0
1932	92,250	1584	1652	17·9	1198	12·9	88	48	111	67	1158	12·5
1933	93,090	1608	1671	17·9	1201	12·9	89	48	114	68	1160	12·4
1934	93,700	1753	1738	18·5	1096	11·6	89	32	86	49	1039	11·0
1935	93,900	1656	1621	17·2	1165	12·4	96	45	102	63	1114	11·8
1936	93,690	1677	1677	17·9	1153	12·3	105	30	113	67	1078	11·5
1937	92,760	1514	1516	16·3	1123	12·1	96	40	86	57	1067	11·5
1938	92,320	1628	1613	17·4	1141	12·3	116	29	79	49	1054	11·4
1939	92,230	1576	1563	16·9	1161	12·8	108	51	83	53	1104	12·1
1940	82,560	1501	1558	18·8	1250	15·1	168	55	80	52	1137	13·7
1941	78,680	1398	1403	17·8	1195	15·1	148	61	80	57	1108	14·0
1942	76,800	1500	1506	19·6	1076	14·0	124	58	84	56	1010	13·1
1943	76,460	1529	1539	20·1	1246	16·2	154	52	83	54	1144	14·9
1944	76,150	1745	1752	23·0	1062	13·9	110	49	94	54	1001	13·1
1945	78,030	1714	1686	21·6	1111	14·2	122	47	80	47	1036	13·2
1946	86,340	2121	2118	24·5	1120	12·9	133	41	71	34	1028	11·9
1947	89,190	2154	2183	24·4	1235	13·8	113	53	97	44	1175	13·1
1948	91,060	1892	1911	20·9	1073	11·7	118	36	55	29	991	10·8
1949	91,250	1830	1872	20·5	1282	14·0	203	46	63	34	1125	13·0
1950	93,240	1688	1702	18·2	1222	13·1	224	54	51	29·9	1052	11·9
1951	93,250	1655	1751	18·7	1276	13·6	215	66	60	34·2	1127	12·0
1952	93,200	1591	1693	18·1	1150	12·3	195	85	58	34·2	1040	11·1
1953	93,300	1517	1647	17·6	1176	12·6	207	53	55	33·3	1022	10·9

Area of District in acres
(land and inland
water)

5,468

Total population at all ages at census of 1951

... 94,527

Table 2.—England and Wales and Grimsby, 1938–1953.

Birth Rates.

Year	Number of Births	Birth Rate	
		Grimsby	England & Wales
1938	1613	17·4	15·1
1939	1563	16·9	15·0
1940	1558	18·8	14·6
1941	1403	17·8	14·2
1942	1506	19·6	15·8
1943	1539	20·1	16·5
1944	1752	23·0	17·7
1945	1686	21·6	16·1
1946	2118	24·5	19·1
1947	2183	24·4	20·5
1948	1911	20·9	17·9
1949	1872	20·5	16·7
1950	1702	18·2	15·8
1951	1751	18·7	15·5
1952	1693	18·1	15·3
1953	1647	17·6	15·5

Table 3. England and Wales and Grimsby, 1938–1953.

Death Rates.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Crude Death Rate	Adjusted Death Rate	
1938	1054	11·4	12·2	11·6
1939	1104	12·1	13·0	12·1
1940	1137	13·7	14·4	14·3
1941	1108	14·0	*	12·9
1942	1010	13·1	*	11·6
1943	1144	14·9	*	12·1
1944	1001	13·1	*	11·6
1945	1036	13·2	*	11·4
1946	1028	11·9	*	11·5
1947	1175	13·1	*	12·0
1948	991	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6
1951	1127	12·0	12·6	12·5
1952	1040	11·1	11·7	11·3
1953	1022	10·9	11·4	11·4

* Area comparability factor suspended by Registrar General

Table 4.—Cases of Infectious Diseases notified during the year 1953

NOTIFIABLE DISEASE.	Number of Cases notified.											Total Cases notified in each Ward of the Borough.													Cases treated in Hospital			
	Ages (in years).											Alexandra	Central	Clee	Coates	Hainton	Humber	North-East	Scartho	South	South-West	Victoria	Wellington	Weelsby		Wellow		
	At all ages.	Under 1.	1 to 2	2 to 3	3 to 4.	4 to 5	5 to 10	10 to 15	15 to 20.	20 to 35.	35 to 45.																45 to 65.	65 up.
Scarlet fever	162	—	4	11	14	17	106	9	1	—	—	—	—	7	2	14	6	9	5	3	20	49	8	1	13	22	3	27
Diphtheria ...	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Paratyphoid fever	2	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1
Acute pneumonia	45	1	—	2	1	1	3	—	2	13	3	10	9	5	3	2	5	2	6	2	6	5	6	1	—	—	2	9
Meningococcal Infection ...	6	4	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	2	2	—	—	6
Acute poliomyelitis (paralytic)	8	—	1	1	1	1	3	—	1	—	—	—	—	1	—	—	—	—	—	1	1	3	—	1	—	—	1	6
Dysentery ...	339	10	20	21	19	23	100	28	9	47	24	28	10	38	4	12	19	10	18	8	50	98	30	6	12	17	17	26
Food poisoning	8	1	1	1	1	1	1	—	1	—	—	1	—	1	1	—	—	—	—	—	—	—	6	—	—	—	—	2
Acute encephalitis (Infective)	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Ophthalmia neonatorum	5	5	—	—	—	—	—	—	—	9	1	—	—	2	—	—	—	—	—	1	2	—	—	—	2	1	—	—
Puerperal pyrexia	10	—	—	—	—	—	—	—	—	—	3	6	1	2	—	—	2	—	—	1	4	5	2	1	2	1	1	3
Erysipelas ...	14	—	—	—	—	—	1	—	3	3	3	—	—	24	58	142	16	65	36	17	74	227	43	29	90	140	47	15
Chicken pox ...	1008	23	57	61	75	99	603	58	10	16	3	3	—	23	50	137	55	83	132	111	140	463	108	61	72	149	55	21
Measles	1746	56	209	255	299	259	649	8	4	5	2	—	130	37	20	48	9	24	46	20	98	195	15	20	25	54	18	15
Whooping Cough	629	52	69	105	115	91	190	2	1	2	1	—	1	37	20	48	9	1	1	—	—	1	—	1	2	—	1	3
Acute Rheumatism	8	—	—	—	—	—	3	5	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Totals	3994	153	362	457	525	492	1660	112	27	99	38	48	21	247	140	355	112	194	247	164	391	1059	212	123	220	384	146	139

Table 5.—Causes of and Ages at Death during the Year 1953

Causes of Death.	Nett Deaths at the Subjoined ages of "Residents" whether occurring within or without the District.													Total Deaths whether Resident or "Non-Residents" in Institution in the District
	All Ages.			Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upw'ds		
	Total	Males	Females											
All Causes { Certified ... { Uncertified ...	1022	555	467	55	6	3	6	7	50	221	317	357	548	
Tuberculosis, respiratory ...	24	15	9	...	...	...	...	3	6	9	6	...	13
Tuberculosis, other forms ...	2	2	...	...	1	...	...	...	...	1	...	...	2
Syphilis and its sequelae ...	5	5	...	...	...	...	...	...	...	2	3	...	2
Typhoid fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections ...	3	2	1	2	1	...	...	...	...	...	...	...	3
Acute poliomyelitis ...	2	...	2	...	...	1	1	...	...	...	...	...	3
Measles ...	1	1	...	1	...	...	...	...	...	...	...	...	1
All other diseases classified as infective and parasitic ...	2	...	2	1	...	...	1	...	...	...	...	...	3
Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues ...	182	115	67	...	...	...	...	2	17	68	63	32	104
Diabetes mellitus ...	10	4	6	...	...	...	...	...	...	1	8	1	5
Anaemias ...	5	1	4	...	...	...	...	...	...	1	2	2	4
Vascular lesions affecting central nervous system ...	139	72	77	...	...	...	...	...	2	22	47	68	55
Chronic rheumatic heart disease	11	5	6	...	...	...	...	...	5	4	1	1	7
Arteriosclerotic and degenerative heart disease ...	255	140	115	...	...	...	...	...	3	43	97	112	100
Other diseases of heart ...	22	7	15	...	...	...	...	...	...	2	6	14	5
Hypertension with heart disease	47	25	22	...	...	...	...	...	...	6	21	20	30
Hypertension without mention of heart ...	4	1	3	...	...	...	...	...	1	3	...	...	2
Influenza ...	9	4	5	...	...	...	...	...	...	3	3	3	2
Pneumonia ...	64	35	29	6	3	...	...	...	1	6	17	31	53
Bronchitis ...	42	25	17	3	...	...	...	...	...	14	14	11	7
Ulcer of stomach and duodenum	13	7	6	...	...	...	...	...	...	5	4	4	9
Appendicitis ...	2	...	2	...	...	...	...	...	1	...	...	1	3
Intestinal obstruction and hernia	9	3	6	...	...	...	1	...	...	1	3	4	13
Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn ...	5	3	2	2	...	...	...	...	1	1	1	...	6
Cirrhosis of liver ...	3	3	...	...	...	...	...	...	...	3	...	...	1
Nephritis and nephrosis ...	14	8	6	...	...	...	1	...	4	1	3	5	9
Hyperplasia of prostate ...	14	14	...	...	...	...	...	...	...	3	4	7	13
Complications of pregnancy, child birth and the puerperium ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital malformations ...	9	5	4	7	1	...	...	...	...	1	...	...	8
Birth injuries, post-natal asphyxia and atelectasis ...	5	2	3	5	...	...	...	...	...	...	...	...	2
Infections of the new born ...	1	...	1	1	...	...	...	...	...	...	...	...	1
Other diseases peculiar to early infancy, and immaturity unqualified ...	21	10	11	21	...	...	...	...	...	...	...	...	25
Senility, ill-defined and unknown causes ...	38	10	28	...	...	...	...	...	...	...	3	35	3
All other diseases ...	25	11	14	2	...	2	...	1	3	9	7	1	21	
Motor vehicle accidents ...	2	1	1	...	...	...	1	...	1	...	...	...	7
All other accidents ...	27	17	10	4	...	...	1	1	5	7	4	5	25
Suicide and self-inflicted injury ...	5	2	3	...	...	...	...	...	...	5	...	...	1
TOTALS ...	1022	555	467	55	6	3	6	7	50	221	317	357	548	

Table 6.—Infantile Mortality during the year 1953.

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH			Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 Year.
All Causes	Certified ...	...	26	5	1	1	33	9	10	2	1	55
	Uncertified ...	...	—	—	—	—	—	—	—	—	—	—
Measles	...	...	—	—	—	—	—	—	—	—	1	1
Whooping Cough	...	...	—	—	—	—	—	—	—	—	—	—
Diphtheria	...	...	—	—	—	—	—	—	—	—	—	—
Influenza	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Nervous System	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Intestines and Peritoneum	...	...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	—	—	—	—	—	—	—	—	—	—
Syphilis	...	...	—	—	—	—	—	—	—	—	—	—
Meningitis	...	...	—	—	—	—	—	—	—	—	—	—
Convulsions	...	...	—	—	—	—	—	—	—	—	—	—
Bronchitis	...	...	—	—	—	—	—	2	1	—	—	3
Pneumonia	...	...	1	1	—	1	3	1	4	—	—	8
Other Respiratory Diseases	...	...	—	—	—	—	—	—	—	—	—	—
Inflammation of the Stomach	...	...	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	...	...	—	—	—	—	—	1	1	—	—	2
Hernia, Intestinal Obstruction	...	...	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	...	...	2	1	1	—	4	1	—	1	—	6
Congenital Debility and Sclerema	...	...	1	1	—	—	2	1	—	—	—	3
Icterus	...	...	—	—	—	—	—	—	—	—	—	—
Premature Birth	...	...	14	2	—	—	16	—	—	—	—	16
Injury at Birth	...	...	3	—	—	—	3	—	—	—	—	3
Disease of umbilicus	...	...	—	—	—	—	—	—	—	—	—	—
Atelectasis	...	...	3	—	—	—	3	—	—	—	—	3
Suffocation—in bed or not stated how	...	...	—	—	—	—	—	2	2	—	—	4
Meningococcal Meningitis	...	...	—	—	—	—	—	1	1	—	—	2
Acute encephalitis	...	...	—	—	—	—	—	—	—	1	—	1
Other Causes	...	...	2	—	—	—	2	—	1	—	—	3
Totals			26	5	1	1	33	9	10	2	1	55

Live Births in the year—

	Males	Females	Total
Legitimate ...	792	771	1,563
Illegitimate	42	42	84

Totals 834 813 1,647

Nett Deaths in the year—

	Males	Females	Total
	24	29	53
	—	2	2

24 31 55

Table 7.

Birth Rates, Death Rates, Analysis of Mortality, Maternal Mortality and Case Rates for certain Infectious Diseases in the year 1953.

(Provisional figures based on Quarterly Returns).

	ENGLAND and WALES.	160 County Boroughs and Great Towns (including London).	160 Smaller Towns (Resident population 25,000 to 50,000 1951 Census).	London Administra- tive County	GRIMSBY, C.B.
	Rates per 1,000 Home Population.				
<i>Births—</i>					
Live births	15·5	17·0	15·7	17·5	17·6*
Still births	0·35 (22·4(a))	0·43 24·8(a)	0·34 21·4(a)	0·38 21·0(a)	0·43 24·2(a)
<i>Deaths—</i>					
All causes	11·4	12·2	11·3	12·5	10·9†
Typhoid and paratyphoid	0·00	0·00	—	—	—
Whooping cough ...	0·01	0·01	0·00	0·00	—
Diphtheria	0·00	0·00	0·00	—	—
Tuberculosis	0·20	0·24	0·19	0·24	0·27
Influenza	0·16	0·15	0·17	0·15	0·09
Small Pox	0·00	0·00	0·00	—	—
Acute poliomyelitis (in- cluding polioencephalitis)	0·01	0·01	0·01	0·01	0·02
Pneumonia	0·55	0·59	0·52	0·64	0·68
<i>Notifications (corrected)—</i>					
Typhoid fever	0·00	0·00	0·00	0·01	—
Paratyphoid fever ...	0·01	0·01	0·01	0·01	0·02
Meningococcal infection	0·03	0·04	0·03	0·03	0·06
Scarlet fever	1·39	1·50	1·44	1·02	1·73
Whooping cough ...	3·58	3·72	3·38	3·30	6·74
Diphtheria	0·01	0·01	0·01	0·00	0·01
Erysipelas	0·14	0·14	0·13	0·12	0·15
Small pox	0·00	0·00	0·00	—	—
Measles	12·36	11·27	12·32	8·09	18·71
Pneumonia	0·84	0·92	0·76	0·73	0·48
Acute poliomyelitis (in- cluding polioencephalitis)					
Paralytic	0·07	0·06	0·06	0·07	0·08
Non-paralytic ...	0·04	0·03	0·04	0·03	—
Food poisoning	0·24	0·25	0·24	0·38	0·08
Puerperal pyrexia ...	18·23(a)	24·33(a)	12·46(a)	28·61(a)	5·90(a)
	Rates per 1,000 live births.				
<i>Deaths—</i>					
All causes under 1 year of age	26·8	30·8	24·3	24·8	33·3
Enteritis and diarrhoea under 2 years of age	1·1	1·3	0·9	1·1	1·2
	Rate per 1,000 (live and still) births.				
<i>Maternal mortality</i> ...	0·76				—

* Adjusted birth rate 18.1

† Adjusted death rate 11.4

(a) Per 1,000 total (live and still) births.

Table 8—Grimsby.

Tabulation by Age, Sex and Clinical Classification of Cases Notified
as Acute Rheumatism during the Year, 1953.

Clinical Classification of Case Notified.	Age in Years								Total all ages		Total both sexes
	0—4		5—9		10—14		15—16				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Rheumatic Pains and/or Arthritis without heart disease	—	—	1	1	—	1	—	—	1	2	3
2. Rheumatic Heart Disease (Active)	—	—	—	—	1	1	—	—	1	1	2
(a) with polyarthritis —	—	—	—	—	—	—	—	—	—	—	—
(b) with chorea	—	—	—	—	—	—	—	—	—	—	—
3. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	1	—	—	—	1	1
4. Rheumatic Chorea (alone)	—	—	—	1	—	—	—	—	—	1	1
TOTAL Rheumatic cases ...	—	—	1	2	1	3	—	—	2	5	7
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart disease or disorder ...	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or Cardiac disease	—	—	—	—	—	1	—	—	—	1	1
TOTAL Non-Rheumatic cases	—	—	—	—	—	1	—	—	—	1	1

TABLE 9—GRIMSBY, 1953.

TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	1	—	—	—	—	—
1—2 years ...	—	—	—	—	—	—	1	—
2—5 years ...	1	1	—	1	—	—	—	—
5—10 years ...	4	3	2	2	—	—	—	—
10—15 years ...	2	4	1	—	—	—	—	—
15—20 years ...	4	9	1	2	—	1	—	—
20—25 years ...	6	11	—	—	1	1	—	—
25—35 years ...	5	4	—	3	—	2	—	—
35—45 years ...	8	7	—	—	1	3	—	—
45—55 years ...	9	—	—	—	4	1	—	—
55—65 years ...	8	3	—	—	4	—	1	—
65—75 years ...	2	1	—	1	5	1	—	—
75 and upwards	—	—	—	—	—	—	—	—
Totals ...	49	43	5	9	15	9	2	—

TABLE 10—GRIMSBY, 1953.

TUBERCULOSIS—Ward Distribution of New Cases and inward Transfers.

Primary notifications.	WARDS.													
	Alexandra	Central	Clee	Coates	Hainton	Humber	North-East	Scartho	South	South-West	Victoria	Weelsby	Wellow	Wellington
<i>Pulmonary</i> :—														
Males ...	1	3	7	2	1	5	2	3	9	6	5	—	3	2
Females ...	1	—	3	—	8	6	1	4	6	4	4	1	2	3
<i>Non-Pulmonary</i> —														
Males ...	—	1	—	—	—	—	3	—	—	—	—	—	1	—
Females ...	1	—	—	—	—	—	2	1	1	3	—	—	1	—
Total ...	3	4	10	2	9	11	8	8	16	13	9	1	7	5
<i>Inward Transfers.</i>														
<i>Pulmonary</i> —														
Males ...	1	2	—	—	—	3	—	—	2	—	1	1	—	1
Females ...	—	—	1	—	—	2	1	1	1	—	—	2	1	—
<i>Non-Pulmonary</i> —														
Males ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	1	2	1	—	—	5	1	1	3	—	1	3	1	1
Grand Total ...	4	6	11	2	9	16	9	9	19	13	10	4	8	6

Table 11—Grimsby 1953.

Tuberculosis.—Notifications and Ratio of Non-Notified Deaths
in each year of the Decennium

Year	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths.	
				Pulmonary.	Non-Pulmonary
1944	153	2·00	1·8%	1·8%	—
1945	176	2·25	15·8%	14·3%	1·5%
1946	179	2·07	8·9%	8·9%	—
1947	146	1·63	13·8%	7·7%	6·1%
1948	128	1·40	—	—	—
1949	130	1·42	8·3%	8·3%	—
1950	98	1·05	25·8%	25·8%	—
1951	149	1·60	16·3%	12·7%	3·6%
1952	148	1·59	6·2%	3·1%	3·1%
1953	106	1·13	19·2%	19·2%	—

Table 12—England and Wales and Grimsby, 1944—1953

Total Tuberculosis death rates in each year of the Decennium.

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
England and Wales	0·62	0·62	0·55	0·54	0·50	0·45	0·36	0·31	0·23	0·19
Grimsby	0·73	0·80	0·64	0·72	0·74	0·52	0·33	0·59	0·34	0·27

Table 13—Factories Acts, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the Year 1953 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT.

1—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notice..	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	478	551	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	464	527	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	22	16	3	—
TOTAL ...	964	1094	12	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases.")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1.)	85	74	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6.)	13	9	—	—	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient	7	4	—	1	—
(b) Unsuitable or defective ...	24	10	—	3	—
(c) Not separate for sexes ...	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	52	48	—	—	—
TOTAL ...	183	146	—	6	—

PART VIII OF THE ACT.

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	17	—	—	—	—	—
Nets, other than wire nets	83	—	—	—	—	—
TOTAL	100	—	—	—	—	—

TABLE 14.

DIPHTHERIA IMMUNISATION.

Age at date of completed primary injection	Total immunised to 31.12.46	1947	1948	1949	1950	1951	1952	1953	Total
Under 1 year ...	16	112	88	74	2	45	101	53	Under 5 years. 3,886
1—2 years ...	546	802	905	846	580	830	699	731	
2—3 years ...	729	158	250	142	93	230	178	166	
3—4 years ...	647	53	67	65	29	41	109	47	5—10 years. 5,608
4—5 years ...	668	42	47	24	18	35	60	41	
5—6 years ...	612	34	49	37	19	33	83	56	
6—7 years ...	863	41	50	36	9	23	92	45	10—15 years. 4,346
7—8 years ...	977	20	25	28	10	11	37	10	
8—9 years ...	1154	22	16	17	6	7	13	6	
9—10 years ...	1144	10	27	10	3	8	15	8	15 years and over. 13,184
10—11 years ...	1324	2	10	16	6	2	9	6	
11—12 years ...	1179	9	14	11	8	2	36	5	
12—13 years ...	1105	1	5	—	4	1	3	3	15 years and over. 13,184
13—14 years ...	1207	3	1	—	—	3	3	5	
14—15 years ...	1020	3	7	2	—	2	13	8	
Children now aged 15-years and over and immunised prior to 31.12.46	4,951	—	—	—	—	—	—	—	13,184
Totals ...	18,142	1,312	1,561	1,308	787	1,273	1,451	1,190	27,024

PART IX

SCHOOL HEALTH SERVICE.

IX—SCHOOL HEALTH SERVICE.

Report of the Principal School Medical Officer.
FOR THE YEAR 1953.

To the Chairman and Members of the Education Committee.

Although I commenced duty on the 1st August, 1953, I have had sufficient time to be able to say that the health of the school children in Grimsby is very satisfactory.

Despite epidemics of measles, chicken-pox and scarlet fever (the cases were evenly distributed), in only a few schools did the attendance drop below 80 per cent.

Scarlet fever has become a comparatively mild illness and there is a tendency to be careless about isolation which makes the duties of the sanitary inspectors most difficult. The history of this disease has shown similar trends in the past and after varying periods has resumed its former severity. Many cases are so mild that they escape detection and this fact accounts for the spread among the susceptible children.

It will be observed that there has been a considerable decrease in the number of children examined at school, and likewise in the special and follow-up cases. This was caused by the fact that for the greater part of the year there was only one school medical officer, there being difficulty in recruiting suitable staff.

The arrangement whereby a consultant ophthalmologist attends weekly at the School Clinic is most satisfactory and the children receive expert attention without delay.

Ear, nose and throat cases are seen at the out-patients department of the Grimsby General Hospital and although the most urgent ones are operated on promptly there is a large waiting list for children who would benefit by the removal of their tonsils and adenoids. The Grimsby Hospital Management Committee is fully alive to this problem and more beds were allocated for this purpose towards the end of the year.

The school audiometric survey is carried on by a school nurse trained as an audiometrician. This is a most useful service and detects cases of partial deafness that would not otherwise come to light until perhaps years later. The treatment of deafness and other ear conditions is closely associated with the other ear, nose and throat work.

Grimsby has been chosen as a special area for the investigation of rheumatism in school children. The general practitioner notifies each case and, when able to attend, it is examined by a cardiologist at a special clinic. Apart from the information gained for research purposes, it is most useful in deciding the appropriate education and subsequent

employment of these handicapped children. Happily the number of such cases is on the decline. This has coincided with the decrease in the virulence of scarlet fever and time alone will prove if they are related.

The Child Guidance Service lost the services of Dr. C. H. Jackson during the year and Mr. M. J. Tyerman is carrying on the good work. It will be observed that there is a steady increase in the attendance; this should not be interpreted as an increase in the number of emotionally disturbed children but rather as a greater awareness on the part of all concerned of the benefits of such a centre. Dr. J. F. R. Goodlad, consultant psychiatrist, visits on a sessional basis to deal with the more serious cases.

Mass radiography was again made available for school leavers. This service completes the final school medical inspection and ensures that no child can go into any employment unless physically fit to do so. Six hundred and seven boys and 649 girls were examined in this way.

In August the Ministry of Education issued the School Health Service and Handicapped Pupils Regulations, 1953, which slightly altered the classification of the Handicapped Pupils and School Health Service Regulations, 1945. This in effect meant the omission of the diabetic child as a category, incorporating it with the "delicate child." The need for more medical and dental inspections and the greater ascertainment of handicapped pupils was also stressed.

The school health service should be looked upon as an integral part of the National Health Service and to be effective must have the close co-operation of the Education and Health Departments, and there should be good liaison among consultants, general practitioners, school medical officers, nurses, sanitary inspectors, head and class teachers, psychologists, mental health workers, speech therapist, school attendance officers, physical training instructors, school meals service, and last but not least the parents.

My grateful thanks go out to each member of the above team for their friendly co-operative spirit, and to the Youth Employment Service, the police, the probation officers, the N.S.P.C.C. Inspector and the Children's Department for their helpful assistance.

I wish to thank the Chairman and Members of the Education Welfare Sub-Committee for their sympathetic approach to all the problems placed before them.

R. GLENN,

Principal School Medical Officer.

Health Department,
1, Bargate, Grimsby.

May, 1954.

GRIMSBY EDUCATION COMMITTEE.*Chairman*—Alderman J. H. FRANKLIN.*Vice-Chairman*—Councillor M. LARMOUR.*Director of Education*
Dr. R. E. RICHARDSON, M.Sc.**EDUCATION WELFARE SUB-COMMITTEE.***Chairman*—Alderman C. H. WILKINSON, M.B.E., J.P.*Vice-Chairman*—Councillor T. W. SLEEMAN.

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"	C. W. JAKES, J.P.	Mrs. N. TROUGHT	
"	A. W. KENNINGTON	Miss P. MILLER	

STAFF OF SCHOOL HEALTH SERVICE.*Medical Officer of Health and Principal School Medical Officer—***JAMES A. KERR, V.R.D., B.Sc., M.D., D.P.H., 10-2-53.**

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.,—(from 1-8-53).

School Medical Officers—

J. G. J. COGHILL, M.B., Ch.B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

P. I. ATKINSON, M.B. (resigned 28-2-53).

Principal School Dental Officer—

D. W. HUNT, L.D.S., R.C.S., (Eng.).

School Dental Officer—

G. S. WATSON, B.D.S., L.D.S.

*School Nurses—*Miss M. KELLY (*Superintendent*)H. M. SCARLETT, A. C. NICHOLSON, F. J. WYATT, J. MARSH,
E. HEWSON, M. WALMSLEY, B. JENKINSON (resigned 28-5-53),
M. MAULTBY (part-time).*Dental Staff—*Miss P. HART (*Oral Hygienist*)—appointed 14-9-53.

Miss R. HENFREY, Mrs. O. BABINGTON (resigned 3-6-53).

Miss M. CASWELL (from 6-7-53), Miss M. ADLETT (from 16-11-53).

Mrs. M. HARGADON (resigned 7-11-53).

Clerical Staff—

Miss A. ROBERTS, Mrs. J. PIPER, Miss S. BRIGGS.

School Hygiene. It is now possible to report improvements at St. John's school. The former insanitary trough closets have been replaced by modern sanitary conveniences and the playground completely re-surfaced.

FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1953, was 15,095 compared with 14,710 the previous year.

Nutrition.—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically inspected was made under the designation "general condition." From the examining medical officer's point of view this seems to have the advantage of emphasising that the assessment is not of the physique of the child but of its actual well-being at the time of examination.

"General condition" is assessed under the headings A. (good), B. (fair) and C. (poor). Of the 3,377 children who were medically inspected 2,632, or 77.9 per cent. were classified A ; 724 or 21.4 per cent. were classified B ; and 21, or 0.06 were classified C.

At the end of the year 3,209 children were paying for school dinners, and 376 were receiving them free. The total number of children drinking school milk was 12,913 daily.

Uncleanliness.—Total inspections numbered 30,193, and the number of children found to be unclean was 1,085.

At routine school medical inspections 43 children out of 3,377 examined showed evidence of louse infestation.

Ninety-eight necessitous children were supplied with clothing to the total value of £349.

Diseases of the Skin.—The incidence of scabies and all skin diseases found at routine medical inspections during the last three years is found in the accompanying table.

	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1948	1949	1950	1951	1952	1953
All skin diseases ...	12.3	20.5	5.4	13.3	11.5	5.9
Scabies ...	2.1	0.83	0.67	0.0	0.0	0.3

A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the school clinic during the same six years.

Disease.	1948	1949	1950	1951	1952	1953
Ringworm (scalp) ...	4	2	—	—	—	—
Ringworm (body)	5	1	—	—	2	—
Scabies ...	61	41	3	—	—	7
Impetigo ...	20	38	24	34	29	20

School Clinic.—The school clinic is situated in Burgess Street, corner of Upper Spring Street, and is open daily from 9 a.m. to 5-15 p.m., Saturdays 9 a.m. to 12 noon. Minor ailments clinics are held every morning. Refraction clinics are held on Tuesday afternoons weekly throughout the year by Dr. E. Hainsworth, visiting ophthalmologist to the authority. Cardiac clinics are held at intervals during the year by Dr. J. W. Brown, the consultant physician.

The figures for attendance at the school clinic were as follows :—

Total attendances—6,909,

Special inspections—434 (cases seen by medical officer.)

Re-inspections—311 (cases seen at the clinic).

1,060 were dealt with by one or other of the nurses in attendance and not seen by the medical officer.

Defects of vision and Diseases of the Eye.—Out of a total of 536 attendances 322 children (of which 124 were new cases) had refraction carried out ; 312 had glasses prescribed and 298 obtained glasses. In addition 15 cases of eye diseases were referred from the school clinic during the year.

Diseases of the Ear, Nose and Throat.—Mr. Spencer Harrison held a special clinic every fourth Wednesday in order to see all cases referred by the local authority at the Grimsby General Hospital. The most urgent cases were not kept waiting but were referred separately.

Nose and Throat Defects.—The number of cases found at routine and special inspections to require treatment was 81. These were classified as follows :—

Chronic tonsillitis	...	...	...	6
Adenoids only	...	...	...	1
Chronic tonsillitis and adenoids	...	...	...	54
Other conditions	...	...	...	20

Nasal hygiene was advised on when required under the supervision of the senior clinic nurse. Successful results were obtained in all types of cases showing catarrhal conditions of the nose and throat.

The number of children treated was 26, and total attendances were 346. 14 new cases (258 attendances) have had diastolisation treatment. In addition a further 12 cases were treated for otorrhoea and chronic otitis media, making a total attendance of 88.

Group Audiometry.—There is a considerable reduction in the number of children audiometrically examined in the schools. This is due to two main factors (a) Nunsthorpe Primary Junior school had to be abandoned completely due to lack of room, the result of severe overcrowding. This has now been slightly alleviated by the opening of new schools and arrangements have been made for tests in 1954, and (b) sickness amongst the school staff.

Mr. Spencer Harrison continues to show his appreciation of the work done by the school staff and has started a reciprocal service between the hospital and school clinic, where after-care is required. This is working very satisfactorily

Routine group audiometry continues, and where necessary school children are referred for the E.N.T. specialist's opinion. The figures for all these cases are tabulated below :—

Total number of children tested	...	...	972
" " " retested	...	...	83
Number of children (Group A.)	...	...	924
" " (Group B.)	...	...	32
" " referred to the school clinic	...	...	28
" " referred to E.N.T. specialist	...	...	13
" " treated at school clinic	...	...	7
" " refused or failed to attend	...	...	6

Heart Diseases and Rheumatism. 7 cardiac clinics were held during the year. 61 cases (of which 13 were new) made a total of 92 attendances.

School Health Service and Handicapped Pupils Regulations, 1953.

(As on December 1st, 1953).

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind	—	2	1*
Partially sighted ...	1	3	—
Deaf	—	8	2*
Partially deaf ...	2	3	—
Educationally sub-normal ...	53	21	—
Epileptic	—	—	—
Maladjusted ...	—	2	—
Physically handicapped	1	3	—
Speech defect ...	—	—	—
Delicate	2	1	2**

* Under compulsory school age.

** Receiving home tuition.

Infectious Diseases.—No school or department was closed on account of communicable disease during the year.

The incidence of notifiable diseases in children aged 5 to 15 years was as follows, the numbers in brackets indicating the number notified in 1952 :—

Scarlet fever 115 (58) ; measles 657 (610) ; whooping cough 192 (123) ; chicken pox 661 (765) ; diphtheria 1 (3) ; dysentery 128 (88) ; acute rheumatism 8 (5) ; poliomyelitis 3 (2) ; meningococcal infection 2 (nil) ; acute pneumonia 3 (4).

In addition 18 children of school age were notified under the Public Health (Tuberculosis) Regulations. Of these 13 were classified as pulmonary and 5 as non-pulmonary cases. The previous year accounted for 21 new cases.

Protection against Diphtheria.—During the year 1,038 children under five years of age and 152 children of school age completed the series of inoculations for diphtheria immunisation. Reinforcing injections were given to 871 children.

Employment Certificates.—Certificates were issued to 218 school children who were engaged in particular employment after school hours.

DENTAL SERVICE.

Mr. Donald W. Hunt, L.D.S., R.C.S. (Eng.), principal dental officer, presents the following report :—

I have pleasure in submitting my fifth annual report on the dental services provided for the priority classes by the County Borough of Grimsby.

There is no striking progress to report in the development of these services in 1953, as the availability of professional staff is the key stone of progress and it has not been possible to recruit additional dental surgeons during the year under review.

Efforts have been made therefore to consolidate and improve existing facilities. Towards the end of the year the measures taken to this end reached completion, and began to show material results in the amount of treatment undertaken and the greater convenience of the public.

The dental clinic at Watkin Street has been furnished with modern dental equipment, and opened as a dental clinic for the first time since 1949. This will be of great advantage to a densely populated area of the town, the residents of which have previously had to travel to the Hope Street clinic in order to secure dental treatment.

The transfer of one dental officer to Watkin Street has also eased the difficult matter of surgery accommodation at Hope Street, and an increase in the volume of work undertaken is already becoming evident now that both operators have adequate accommodation and equipment. There is however one disadvantage to this arrangement, in so far as neither dental surgeon has the services of a colleague readily available on the premises to administer a general anaesthetic when it is urgently required for the prompt relief of pain.

General anaesthetic sessions are held frequently at each clinic, with either a second dental officer or a medical practitioner to act as anaesthetist ; but it is unavoidable in present circumstances that great difficulty is experienced in treating all cases of pain immediately they seek the assistance of the clinics.

Both dental clinics in the borough are designed to provide professional accommodation for one dental surgeon only. This is perhaps rather unfortunate as a compact, densely populated town such as Grimsby lends itself well to the provision of dual surgery clinics ; of which the ready availability of general anaesthetic facilities is but one attendant advantage. However, further surgeries will need to be provided when an adequate number of dental surgeons can be recruited to the service, and it is suggested that these be made by the extension of existing premises rather than by the provision of new buildings.

In September, 1953, an oral hygienist was appointed to the dental staff and accommodation and equipment for her work has now been provided at the Hope Street clinic.

Considerable difficulty was experienced in securing delivery of new equipment, and for some time both dental officers and the oral hygienist had but one really adequate surgery between them. However all equipment ordered was installed before the end of the year and these difficulties are now at an end.

It is pleasing to record that the standard of equipment adopted has been very high. There is no doubt that many a skilled operator has been lost to the school dental service in the past by the primitive conditions under which some local authorities have expected him to work ; and rightly or wrongly a poor opinion of the scope and conditions of service in local authority clinics is still prevalent within the dental profession as a whole.

The percentage of children examined at school and found to require treatment remains between 70% and 80% according to the type of school inspected and the age of the children. The average percentage for all schools inspected during the year is 76.5%, compared with 82.3% in 1952 : a slight decrease to which no significance is attached at the present time. The acceptance rate for treatment continues at over 90% of those needing treatment, and although some initial acceptances do fall by the wayside and fail to attend either on their first or some subsequent appointment, 80% of those needing treatment were completed at the end of the year.

A statistical table giving details of the treatment given during the year may be found on page 115. This table is in the form required by the Ministry of Education, but is felt by many to give an incomplete picture of the work undertaken by the school dental service.

Many public dental officers pride themselves on the comprehensive nature of the treatment they provide, and some elaboration of the "other treatments" column at the end of this table would be of advantage.

The relatively large number of 'other treatments' given at the clinics in Grimsby includes a fair proportion of crowns, dentures, inlays, bridges, orthodontic treatment, and oral surgery ; but for the most part probably consists of treatment given to the gums for early (and in some children even advanced) paradontal disease.

Civilised man loses his teeth from two main diseases ; decay or caries, of the teeth themselves, and disease and loss of the supporting tissues of the teeth—a complaint known usually to the public as pyorrhoea.

Without doubt 'pyorrhoea' is as potent a cause of loss of teeth as actual caries, and the writer feels that in general too little attention is paid to this disease in the sphere of preventive dentistry.

The treatment of early caries is relatively easy and certain. The treatment of early pyorrhoea is often time consuming and less certain in its eventual results.

In an effort to assess the extent of this problem, to gain information regarding the importance of various known pre-disposing factors, and to devise a relatively clear cut and effective system of treatment, an experimental scheme of classification and treatment has been introduced towards the end of the year under review; and it is hoped to be able to report further on this in due course.

There is considerable scope for 'field research' of this type in the school dental service, but the shortage of dental officers is an ever present hindrance to the initiation of such schemes.

The recent appointment of an oral hygienist however will be of great help in the tabulation and collection of relevant data, and indeed much of the treatment required can be effectively carried out by this officer.

On a national level there has been an improvement in the staffing position of the school dental service during the year, but in Grimsby we can appoint no more professional staff until more surgeries are provided.

At least two additional dental officers are required in order to obtain an adequate ratio of staff to children on the school rolls, and future development of the service now depends upon the provision of accommodation as much as the recruitment of staff.

No steps have been taken during the past twelve months to make the school dental service a more attractive career to young graduates in the profession.

Remuneration, prospects, and status all require great improvement to be in any way comparable with other spheres of practice, and there is no doubt that the school dental service continues to deserve its title of the "Cinderella of Dental Services" in this country.

A hard struggle lies ahead for those who have the development of the service at heart, and who know that the foundation of a dentally fit nation rests upon the systematic treatment of the school child.

In conclusion I would like to thank the Chairman and Members of the Education Committee for their unfailing interest in the service; the Director of Education and the Principal School Medical Officer and their staffs for their co-operation, and my own staff, both old and new, for their loyal assistance in a year presenting many problems.

CHILD GUIDANCE SERVICE.

Mr. M. J. Tyerman, Educational Psychologist, presents the following report on the work of the Service during the year ending 31st December, 1953 :—

Staff.—In August, 1953 the Centre lost the services of Dr. C. H. Jackson, the educational psychologist, Mrs. K. Jackson, the psychological tester and remedial teacher, and Miss J. Riggall, secretary-receptionist. In the following month the resignation of Miss G. Jennison, the social worker, took effect and there has, therefore, been a complete change of full-time staff.

Appointed to fill the vacancies created were : Mr. M. J. Tyerman, educational psychologist, Miss M. E. D. Pearson, social worker, Mrs. C. E. Wilkinson, secretary-receptionist, and Mrs. D. M. H. Whiteley, part-time remedial teacher.

Dr. J. Goodlad, consultant psychiatrist of Lincoln, has continued to attend two sessions weekly.

Statistical Summary.—The figures in this statistical summary refer only to the clinical aspect of the service's work. No reference is made to the work in schools with retarded children of average intelligence or assistance with the statutory examinations of pupils requiring special educational treatment.

Number of children referred since			
Service inaugurated	...	...	660 (approx.)

Number of children referred by year			
1948	...	46	1951 ... 127
1949	...	116	1952 ... 105
1950	...	124	1953 ... 142

A. Cases closed, current and awaiting interview :—

Number of children examined during 1953	...	117
Number of cases closed during the year	...	90
Number of cases current on 31st Dec., 1953	...	103
Number of children awaiting initial interview	...	13

B. Particulars of children referred during 1953 :—

1—Number (excluding those requiring remedial teaching in schools)	142
---	-----	-----	-----

2—Age at time of referral :—

Below 5 years	<i>Pre-school</i>	7
5 but not 6	} <i>Primary (Infant)</i>	6
6 but not 7		<i>School</i>	5

2—Age at time of referral (continued) :

7 but not 8	} <i>Primary</i> (<i>Junior</i>) <i>School</i>	20
8 but not 9		12
9 but not 10		15
10 but not 11	} <i>Secondary</i> <i>School</i>	21
11 but not 12		15
12 but not 13		16
13 but not 14		10
14 but not 15		10
15 and above		5

3—Sex.

Boys 97 Girls 45

Boys referred during the year outnumber girls by 2 to 1. This ratio is usual and has been commented upon in previous reports. It is generally believed that the difference does not indicate that girls are less liable to emotional disturbance but that the forms their disturbance take are less noticeable and more socially acceptable.

4—Reasons given for referral :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>%</i>
Mental or personality assessment ...	22	10	32	23
Difficult behaviour ...	21	15	36	25
Emotional problems ...	11	3	14	10
Educational guidance ...	14	11	25	18
Habit disorders ...	4	—	4	3
Failure to make progress at school ...	17	5	22	15
Various unclassified ...	5	—	5	3
Organic ...	3	1	4	3

5—Source of referrals :—

Parents direct or through school	...	15	11
School through head teacher	...	63	45
Medical or child welfare service through M.O.H.	...	5	3
L.E.A. officers	...	20	14
General practitioners or consultants	...	12	8
Children's Department or Magistrates through Children's Officer or M.O.H.		2	2
Various unclassified	...	20	14
Probation office	...	5	3

6—Cases from previous years dealt with in 1953 :—

Number of children referred in 1952 but not interviewed until 1953	...	11
Number of children interviewed in 1952 and still current on 1st January, 1953	...	53

C.—Details of referral interviews held :

1—Number					117
2—Intellectual level of the 101 children who were tested :					
Ineducable/educationally					
subnormal	(I.Q. below 70)	...	...	...	10
Dull	(„ 70— 84)	...	...	...	18
Low average	(„ 85— 94)	...	...	...	15
Average	(„ 95—104)	...	...	...	18
High average	(„ 105—114)	...	...	...	23
Superior	(„ 115—129)	...	...	...	12
Very superior	(„ 130+ )	...	...	...	5
Not tested	...	...	...	...	16
3—Recommendation made—					
(a) Regular treatment interviews with—					
Psychologist	...	...	...	...	21
Psychiatrist	...	...	...	...	13
Remedial Teacher	...	...	...	...	9
(b) Occasional interviews/supportive	...	...	...	...	20
(c) Report/Advice, excluding (d)	...	...	...	...	43
(d) Special educational treatment required	...	...	...	...	5
					111
4—Problem cleared by time of appointment					6

D—Analysis of interviews held—

1—Interviews with children :	...	...	...	863
for i remedial teaching/play				
therapy	...	...	...	320
ii psychological	...	...	...	422
iii psychiatric	...	...	...	107
iv by social worker	...	...	...	14
2—Interviews with parents :	...	...	...	450
i psychological	...	...	...	170
ii social work	...	...	...	177
iii psychiatric	...	...	...	103
3—School visits or other contacts :	...	...	...	211
i psychologist	...	...	...	185
ii social worker	...	...	...	26
4—Home visits :	...	...	...	203
i psychologist	...	...	...	21
ii social worker	...	...	...	95
				(+ 87 for 2 HP)

E—Closures during 1953—

1—Total number of cases closed	...	...	...	90
2—Reasons for closure—				
(a) No treatment. Diagnosis followed by report, recommendation or advice	...			40
(b) Child transferred to another department or out of area	...	...	...	4
(c) Parents did not wish for treatment	...			11
(d) Problem cleared by time of initial interview	...	...	...	6
(e) Treatment, supervision or advice cases followed up and then closed	...	...		29
Total	...	...	...	<u>90</u>

F—Composition of Case Load on 31st December, 1953—

1—Total number of children	...	...	...	116
2—(a) Number of children awaiting initial interview	...	...	...	13
(b) Number of children whose treatment has been discontinued or who do not require treatment but whose progress requires following up	...			37
(c) Number of children (excluding follow ups) receiving intensive treatment or supervision from—				
psychologist	...	...	...	25
psychiatrist	...	...	...	18
remedial teacher	...	...	...	9
social worker	...	...	...	6
(d) Number of children concerning whom information is awaited before action is taken	...	...	...	8
				(116)
3—Number of children referred before 1st January, 1953, but still current on 31st December, 1953	...	...	...	43
Number referred in 1953 and still current (excluding follow ups and children awaiting appointment)	...	...	...	73
				(116)

PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education).

The present year has been one of steady progress. The more informal approach, characteristic of post war educational thought, is now firmly established in most schools and the previous conception of physical education as 'merely exercise' has given way to a wider appreciation of 'the movement of the child'.

Primary Schools.—Children in the primary schools have been encouraged to make use of physical training apparatus and to use it in a variety of ways, working individually and moving freely. The aim has been to present to the child as many physical experiences as possible, while endeavouring to obtain a high standard of performance through individual effort.

The booklets—Physical Education in the Primary School, Parts I and II—published by the Ministry of Education have been welcomed by all teachers of physical education. One prominent feature of these booklets is the greatly extended use of Climbing and Agility apparatus in the primary school.

A number of head teachers in the borough have already introduced this into their schemes, and there is no doubt that 1954 will see a great increase in its use.

Almost every primary school has indoor accommodation suitable for physical education so that lessons may be taken regularly. Continuity in lessons throughout the year is necessary if progress is to be satisfactory.

Training in movement through music, with the assistance of the B.B.C. lessons, has been widely used by most primary infants' schools, while National Folk Dancing has been included in the general scheme of most primary junior schools.

Games training in the primary school provides the foundation for the major games. A general all round training has therefore been the aim, the work centering largely on individual practices and skills. Ability to handle a small ball results in a great improvement in ball sense and skill, which should prove of value later on in secondary school games.

Almost every school has been able to make weekly visits to the playing fields. The main aim is to give the opportunity for all children to take part in group games rather than to use the games period to train a team at the expense of those children not capable of reaching this standard. Football,

cricket and rounders were generally played by the boys, netball and rounders by the girls. Whereas almost every boy has played football before leaving the junior school, few girls have held a hockey stick and it is doubtful whether any have played in an actual game of hockey. It is hoped to interest the top junior girls in this game so that, on transfer to the secondary schools, they will have had some initial training which should prove of value there.

Secondary Schools—Most of the secondary schools have indoor facilities which can be devoted to physical education. The two gymnasia at the Chelmsford Schools when brought into use will be a great asset in the development of the physical education of the children attending these schools.

The enthusiasm for games and other outdoor activities has probably never been greater than at present. Football, cricket, cross-country running, athletics, swimming and boxing form the major part of the games training for the boys, and netball, tennis, athletics, swimming, rounders and dancing for the girls. Hockey is gradually becoming more popular with the girls and it is hoped to develop this further in subsequent years.

Swimming—Swimming has continued to hold a prominent place in the physical education scheme of most schools. Twelve secondary schools had an allocation of 39 swimming periods and 14 junior schools shared 33 periods.

The approximate number of children on the swimming registers for this year was 2,500 (1,295 girls, 1,194 boys), of which approximately 2,200 attended weekly during the summer months. Swimming has been well supported during the winter months but naturally the attendances have not been so great.

505 boys and 666 girls learnt to swim during the academic year September 1952—July 1953. The total number of swimmers was approximately 800 girls and 1,000 boys, *i.e.* 72% of those attending. This is very satisfactory and may give some indication of what could be achieved if more or larger baths were available.

Requests from head teachers for more swimming periods are still frequently made so that the demands on the two baths cannot be met under existing arrangements. It is, however, hoped to re-organise the arrangements at present in being at the Eleanor Street bath so that 300 more children will be able to participate in this very valuable and vital branch of physical education.

The Youth Organisations continue to make use of the Eleanor Street baths in the evenings, during which time more advanced swimming and Life Saving instruction can be given.

Swimming Galas were again organised by the Schools' Sports Association, the Youth Sports Federation, by some schools and by separate Youth Organisations.

Playing Fields—Clee Fields continue to form the central playing area for many schools. No fewer than 14 schools used them weekly and during good weather approximately 3,000 children per week attended during school hours. In addition many schools held their Annual Sports' Days there and as usual these playing fields were the venue for the Inter Schools' Athletic Competition. The School Football and Cricket Leagues, organised by the Schools Sports' Association and held after school and on Saturday mornings during the greater part of the year, played most of their matches there. The Youth Sports Federation had the use of the fields on most evenings during the summer. The Open Games' Evenings were again held on Tuesday and Wednesday evenings and as usual were well attended. The fields were also used on occasion by individual Youth Organisations for their annual sports.

In spite of this heavy usage, the fields remained in excellent condition, due to the care and maintenance given to them by the Committee's groundsmen.

The Chelmsford Avenue playing fields also contributed in providing facilities for games, both for the schools in the vicinity, and for the Schools' Sports Association.

The playing field adjoining the Yarborough Schools was sown and is now in use by these schools. The playing field adjoining the Old Clee Primary Schools has been prepared for sowing and will come into use during 1954. The area of Clee Fields previously used for gardening by Harold Boys as a war-time project, has been re-sown and now forms a valuable addition to this area.

Teaching Demonstrations and Courses—The modern Physical Education lesson is no longer based on any standard type, from which a 'blue-print' could be made as was the case previously, but demonstration lessons in the school hall can form a valuable means of help to the teacher taking the class. It has been the aim to show each teacher the best way of making use of the facilities available, however varied or limited they may be.

Two games course/demonstrations on the teaching of netball and hockey in junior schools were held and a Day Course organised in co-operation with the Lincs. Physical Education Association was well attended by our teachers.

TABLE I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	1,645
Second Age Group	370
Third Age Group	1,206
Total	3,221
Number of other Periodic Inspections	156
Grand Total	3,377

B.—OTHER INSPECTIONS.

Number of Special Inspections	434
Number of Re-inspections	311
Total	745

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

- NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIa (3)	Total individual pupils (4)
Entrants ...	2	219	148
Second Age Group ...	31	35	56
Third age group ...	95	74	169
Total (prescribed groups) ...	128	328	373
Other Periodic Inspections ...	3	10	9
Grand Total ...	131	338	382

TABLE II.

**A—Return of Defects found by Medical Inspection in the Year ended
31st December, 1953.**

NOTE.—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	19	99	99	—
5	Eyes— <i>a</i> Vision	*131	208	6	—
	<i>b</i> Squint	18	59	—	—
	<i>c</i> Other	7	22	6	—
6	Ears— <i>a</i> Hearing	5	14	—	—
	<i>b</i> Otitis				
	Media	1	41	2	—
	<i>c</i> Other	1	11	26	—
7	Nose or Throat	74	451	7	—
8	Speech	3	42	—	—
9	Cervical Glands	45	274	—	—
10	Heart and				
	Circulation ...	6	33	—	—
11	Lungs	5	62	2	—
12	Development—				
	<i>a</i> Hernia ...	1	12	—	—
	<i>b</i> Other ...	1	50	—	—
13	Orthopaedic—				
	<i>a</i> Posture ...	19	24	—	—
	<i>b</i> Flat Foot	108	56	—	—
	<i>c</i> Other ...	14	76	—	—
14	Nervous System				
	<i>a</i> Epilepsy ...	—	2	—	—
	<i>b</i> Other ...	4	22	2	—
15	Psychological—				
	<i>a</i> Development	2	18	—	—
	<i>b</i> Stability ...	1	16	—	—
16	Other	4	9	284	—

NOTE :—* This figure should normally be equal to that shown as the grand total of Column (2) (" For defective vision (excluding squint) ") of Table I.C.

B.—Classification of the general condition of pupils inspected during the year in the age groups (See Note on Table 1).

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,645	1,304	79.3	334	20.3	7	0.4
Second Age Group	370	300	81.1	68	18.4	2	0.5
Third Age Group	1,206	909	75.4	287	23.8	10	0.8
Other Periodic Inspections	156	119	76.3	35	22.4	2	1.3
Total	3,377	2,632	77.9	724	21.4	21	0.7

NOTE :—The figures in Column (2) should normally equal those detailed under Table I.A.

TABLE III.

Infestation with Vermin.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	777
(ii)	Total number of <i>individuals</i> pupils examined	—
(iii)	Total number of <i>individual</i> pupils found to be infested	1,085
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE IV.

Treatment of pupils attending maintained primary and secondary schools (including special schools).

Notes :—(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, *i.e.* whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

(N.B.—The information asked for in this table falls into these two Divisions (a) and (b), except in Group 5 (Child Guidance Treatment)).

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	—	—
Scabies	7	—
Impetigo	20	2
Other skin diseases	72	8
Total	99	10

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	15	10
Errors of refraction (including squint)	322*	1,495
Total ...	337	1,505
Number of pupils for whom spectacles were—		
(a) Prescribed ...	312*	1,190
(b) Obtained ...	298*	1,150

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated.	
	by the Authority	otherwise
Received operative treatment—		
(a) for diseases of the ear ...	3	23
(b) for adenoids and chronic tonsillitis	56	304
(c) for other nose and throat conditions	8	20
Received other forms of treatment	96	—
Total ...	163	347

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	41	
	by the authority	otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient depts.	120	5

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	117	—

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	—	3

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	284	134
(b) Other than (a) above (specify)		
1—Respiratory System ...	2	13
2—Cardio-Vascular System ...	—	9
3—Alimentary System ...	—	98
4—Central Nervous System ...	2	2
5—Genito-Urinary System ...	—	16
Total ...	288	272

TABLE V.—Dental Inspection and Treatment carried out by the Authority.

1. Number of pupils inspected by the Authority's Dental Officers—							
(a)	Periodic	...	...	...	...	...	3,324
(b)	Specials	...	...	...	...	...	1,733
	Total (1)	...	...	...	...	...	<u>5,057</u>
2. Number found to require treatment							
		...	...	...	...	...	3,872
3. Number referred for treatment							
		...	...	...	...	...	3,847
4. Number actually treated							
		...	...	...	...	...	3,097
5. Attendances made by pupils for treatment							
		...	...	...	...	...	<u>5,333</u>
6. Half-days devoted to :							
	Inspection	...	...	...	...	...	25
	Treatment	...	...	...	...	...	878
	Total (6)	...	...	...	...	...	<u>903</u>
7. Fillings :							
	Permanent Teeth	...	...	...	...	...	2,474
	Temporary Teeth	...	...	...	...	...	74
	Total (7)	...	...	...	...	...	<u>2,548</u>
8. Number of teeth filled :							
	Permanent Teeth	...	...	...	...	...	2,432
	Temporary Teeth	...	...	...	...	...	74
	Total (8)	...	...	...	...	...	<u>2,506</u>
9. Extractions :							
	Permanent Teeth	...	...	...	...	...	1,408
	Temporary Teeth	...	...	...	...	...	4,703
	Total (9)	...	...	...	...	...	<u>6,111</u>
10. Administration of general anaesthetics for extraction							
		...	...	...	...	...	<u>2,284</u>
11. Other operations :							
	Permanent Teeth	...	...	...	...	...	2,183
	Temporary Teeth	...	...	...	...	...	1,091
	Total (11)	...	...	...	...	...	<u>3,274</u>

KING EDWARD VI GRAMMAR SCHOOL & TECHNICAL SCHOOL.

Returns of Defects found in the course of Medical Inspection.

Defect or Disease	King Edward VI Grammar School.				Technical School			
	Routine Inspection.							
	Referred for Treatment.		Referred for Observation.		Referred for Treatment.		Referred for Observation.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Skin	—	—	—	1	—	—	1	1
Eyes—								
<i>a</i> Vision	—	1	—	15	5	2	6	6
<i>b</i> Squint	—	—	—	—	—	—	1	1
<i>c</i> Other	—	—	—	—	—	—	2	—
Ears—								
<i>a</i> Hearing	—	—	—	—	—	—	—	—
<i>b</i> Otitis Media	—	—	—	—	—	—	—	—
<i>c</i> Other	—	—	—	—	—	—	—	—
Nose or Throat	—	—	—	3	—	—	1	—
Speech	—	—	—	—	—	—	—	—
Cervical Glands	—	—	—	—	—	—	—	—
Heart and Circulation	—	1	—	—	—	1	—	—
Lungs	—	—	—	—	—	—	1	—
Developmental—								
<i>a</i> Hernia	—	—	—	—	—	—	—	—
<i>b</i> Other	—	—	—	—	—	—	—	—
Orthopaedic—								
<i>a</i> Posture	—	—	—	—	—	—	—	—
<i>b</i> Flat foot	—	—	—	—	—	—	—	—
<i>c</i> Other	—	—	—	—	—	—	1	2
Nervous System—								
<i>a</i> Epilepsy	—	—	—	—	—	—	—	—
<i>b</i> Other	—	—	—	—	—	—	—	1
Psychological—								
<i>a</i> Development	—	—	—	—	—	—	—	—
<i>b</i> Stability	—	—	—	2	—	—	—	—
Other	—	—	—	—	—	—	—	—

At the King Edward VI Grammar School 113 girls (82 aged 14 years, 2 aged 15 and 29 aged 16) were examined at routine medical inspections. Only two girls were found to require treatment.

At the Technical School 62 boys and 52 girls (age groups 14 to 16 years) were examined at routine medical inspection. Of these 5 boys and 3 girls were found to require treatment.

